



**The Meeting Transcript of  
The Los Angeles County  
Board of Supervisors**



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1       **SPECIAL MEETING OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS**

2                               **MONDAY, AUGUST 13, 2007, 12:00 PM**

3

4

5

6       **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. THE SPECIAL MEETING OF  
7 THE BOARD IS NOW IN SESSION. WE HAVE A QUORUM. THE PURPOSE OF  
8 THE MEETING THIS AFTERNOON IS TO GET A REPORT FROM THE  
9 DIRECTOR OF HEALTH SERVICES ON THE CENTER FOR MEDICARE AND  
10 MEDICAID SERVICES FINDINGS RELATIVE TO MARTIN LUTHER KING  
11 HARBOR HOSPITAL IN CONSIDERATION OF ACTIONS RECOMMENDED BY THE  
12 DIRECTOR, INCLUDING ACTIONS RELATED TO THE CLOSURE OF THE  
13 FACILITY. AT THE CONCLUSION OF DR. CHERNOF'S REPORT AND THE  
14 BOARD DISCUSSION, WE WILL ALSO HAVE A PUBLIC HEARING. WE'LL  
15 TRY TO MANAGE THE PUBLIC HEARING IN A WAY SO THAT WE CAN GET  
16 TO THE DECISION POINT AT A TIME WHILE WE ALL ARE-- BEFORE  
17 3:00. THAT'S GOING TO BE-- SO, DEPENDING UPON HOW MANY PEOPLE  
18 WANT TO BE HEARD, WE'LL CALIBRATE THE AMOUNT OF TIME THAT EACH  
19 PERSON WILL HAVE TO HEAR SO, WHEN WE GET TO THE PUBLIC  
20 HEARING, WE'LL MAKE THAT DETERMINATION BUT WE WANT TO GIVE  
21 EVERYBODY A CHANCE TO BE HEARD AND ALSO LEAVE ENOUGH TIME FOR  
22 THE BOARD TO MAKE WHATEVER DECISIONS IT NEEDS TO MAKE TODAY.  
23 CAN WE ASK DR. CHERNOF TO COME FORWARD WITH HIS STAFF?

24



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1    **SUP. BURKE:** ARE WE GOING TO HAVE AN OPPORTUNITY TO ASK  
2    QUESTIONS? COULD YOU PUT ME ON THE LIST?

3

4    **SUP. YAROSLAVSKY, CHAIRMAN:** OH YES. YOU'RE FIRST. AND WE WILL--  
5    - IN THE INTEREST OF ORGANIZING OUR OWN DISCUSSION, WE'LL  
6    HAVE-- EACH BOARD MEMBER WILL TAKE 10 MINUTES. WE'LL ROTATE  
7    AND THEN WE'LL GO ROUND AGAIN. WE'LL START WITH MS. BURKE WHEN  
8    WE GET TO THE BOARD DISCUSSION. I WOULD JUST LIKE TO START,  
9    INTRODUCE THE ISSUE BRIEFLY. FIRST OF ALL THANKING YOU, DR.  
10    CHERNOF, MR. FUJIOKA, AS WELL, FOR THE EFFORTS YOU'VE PUT  
11    FORWARD IN THE LAST 72 HOURS. THIS HAS BEEN A VERY  
12    DISAPPOINTING, VERY DIFFICULT TIME FOR US. IT WAS NOT  
13    UNANTICIPATED BUT, EVEN SO, IT'S SOMETHING THAT NONE OF US  
14    WANTED TO SEE HAPPEN. THERE HAVE BEEN A LOT OF QUESTIONS THAT  
15    HAVE BEEN RAISED AND LEGITIMATE QUESTIONS. I WOULD JUST LIKE  
16    TO SAY THAT I THINK THIS BOARD, EVERY MEMBER OF THIS BOARD,  
17    HAS MADE EVERY CONCEIVABLE EFFORT TO TRY TO FIX THIS HOSPITAL  
18    WHILE WE KEPT IT OPEN. NONE OF US WANTED TO SEE THE HOSPITAL  
19    HAVE TO CLOSE, SEE THE EMERGENCY ROOM CLOSE. IT IS SOMETHING  
20    WE HAVE INVESTED A LOT OF MONEY IN AND, MORE IMPORTANTLY, A  
21    LOT OF OUR HUMAN RESOURCES IN, OUR INTELLECTUAL RESOURCES. I  
22    KNOW HOW HARD YOU'VE WORKED ON THIS AND MS. ANTOINETTE EPPS  
23    HAS WORKED ON THIS AND THE REST OF YOUR STAFF AND IT IS  
24    DISCONCERTING THAT WE WEREN'T ABLE TO GET OVER THE HUMP AND  
25    PASS THE C.M.S. SURVEY BUT IT'S JUST SOMETHING WE WERE NOT





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1 ABLE TO GO FAR ENOUGH, FAST ENOUGH AND GET TO THE POINT WE  
2 WANTED TO GET TO. BUT EVERY CRISIS OFFERS AN OPPORTUNITY. THIS  
3 IS AN OPPORTUNITY TO WIPE THE SLATE CLEAN AND START ANEW. I  
4 THINK OUR COMMITMENT IS FIRST AND FOREMOST TO THE-- TO OUR  
5 CLIENTS AND THAT'S WHAT WE WANT TO HEAR FROM YOU TODAY AS TO  
6 WHAT'S BEEN TRANSPIRING ON THAT. AND THEN, OF COURSE, AS FAST  
7 AS IS REASONABLY POSSIBLE, TO TRY TO GET THAT HOSPITAL  
8 RECONSTITUTED AND TO PROVIDE MEDICAL CARE THAT MEETS NATIONAL  
9 STANDARDS. AND THE SOONER WE CAN DO THAT, THE BETTER FOR ALL  
10 CONCERNED. THERE WILL BE A LOT OF DISCUSSION ABOUT THAT AND  
11 THERE'S A LOT OF WATER TO FLOW UNDER THE BRIDGE BUT THAT'S OUR  
12 ULTIMATE OBJECTIVE. THE COUNTY IS NOT WALKING AWAY FROM THAT  
13 FACILITY. I THINK THAT NEEDS TO BE MADE CLEAR AND I KNOW THIS  
14 IS A VIEW SHARED BY ALL OF US. HOW WE WILL RECONSTITUTE IT,  
15 THAT'S GOING TO BE AN INTERESTING DISCUSSION AND ONE WE'LL  
16 HAVE TO WORK OUT IN THE DAYS AHEAD. SO, WITH THAT, IF ANYBODY  
17 ELSE HAS ANY OPENING REMARKS, I'D BE HAPPY TO-- IF NOT, THEN I  
18 WANT TO TURN IT OVER TO DR. CHERNOF AT THIS TIME. MR. FUJIOKA,  
19 EXCUSE ME. C.E.O., BILL FUJIOKA.

20

21 **C.E.O. FUJIOKA:** IF I CAN MAKE A COUPLE OF REAL, REAL BRIEF  
22 COMMENTS. THANK YOU VERY MUCH. ONE THING I WANTED TO EMPHASIZE  
23 IS THAT WE HAVE BEEN WORKING CLOSELY WITH THE DEPARTMENT OF  
24 HEALTH SERVICES AND THERE ARE TWO POINTS THAT IS VERY CRITICAL  
25 FOR NOT ONLY THIS BOARD, BECAUSE I KNOW YOU KNOW THIS, BUT



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1 ALSO FOR THOSE WHO ARE LISTENING TO US TODAY TO UNDERSTAND  
2 THAT WHAT HAPPENED ON FRIDAY WAS SOLELY A CLINICAL DECISION.  
3 THIS WAS NOT AN ISSUE OF SUPPORT. THIS WAS NOT AN ISSUE OF  
4 MONEY. THIS WAS SOLELY AN ISSUE OF CLINICAL SAFETY AND PATIENT  
5 CARE SAFETY THAT WAS TAKEN BY OUR CHIEF MEDICAL OFFICER AND  
6 DIRECTOR OF HEALTH SERVICES, DR. BRUCE CHERNOF. THE OTHER  
7 POINT THAT I WANT TO EMPHASIZE IS THAT, IS A COMMITMENT AND  
8 IT'S ALREADY BEEN ASSURED TO ME BY EACH MEMBER OF THIS BOARD  
9 THAT THERE IS ALSO A COMMITMENT FROM HEALTH SERVICES AND MY  
10 OFFICE TO REOPEN THE FACILITY AT THIS SITE BUT WE'LL HAVE TO  
11 MAKE SURE THAT, WHEN WE DO SO, IT MEETS ALL THE STANDARDS OF  
12 QUALITY CARE, LICENSING AND ACCREDITATION, BECAUSE WE HAVE THE  
13 OPPORTUNITY TO PUT TOGETHER AND REOPEN THIS FACILITY TO MAKE  
14 IT TRULY SERVE THE NEEDS OF THAT COMMUNITY. I KNOW WE SHOULD  
15 DO IT AS QUICKLY AS POSSIBLE BUT WE ALSO NEED TO DO IT IN A  
16 MANNER THAT REPRESENTS THE BEST TERMS OF QUALITY. DR. CHERNOF  
17 IS NOW GOING TO GO THROUGH THE REPORT AND GIVE A SUMMARY OF  
18 WHAT HAPPENED ON FRIDAY, WHAT'S GOING TO HAPPEN-- WHAT  
19 HAPPENED THIS PAST WEEKEND AND WHAT WILL HAPPEN IN THE NEXT  
20 FEW MONTHS AS IT RELATES TO THE KING-HARBOR.

21

22 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THANK YOU. DR. CHERNOF?

23

24 **DR. BRUCE CHERNOF:** CHAIRMAN YAROSLAVSKY, SUPERVISORS. AS ALL  
25 OF YOU KNOW, REPRESENTATIVES WITH C.M.S. HELD AN EXIT



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1 CONFERENCE WITH KING-HARBOR LAST FRIDAY AND IT IS WITH DEEP  
2 SADNESS THAT I MUST RELAY TO YOU THAT, AFTER A HERCULEAN  
3 EFFORT TO SAVE THIS HOSPITAL, THE PROGRESS WE MADE OVER THE  
4 LAST 10 MONTHS WAS, AS YOU SAID, SUPERVISOR YAROSLAVSKY, AND I  
5 AGREE, WAS NOT FAR ENOUGH, FAST ENOUGH AND THE HOSPITAL DID  
6 NOT PASS ITS MOST RECENT SURVEY. C.M.S. NOTD COMMENDABLE  
7 RECENT PROGRESS, SAID SO IN THEIR LETTER, BUT THE HOSPITAL  
8 STILL HAD FINDINGS IN 8 OF 23 CATEGORIES. THOSE FINDINGS WERE  
9 VERY TROUBLING TO ME, GIVEN THAT SO MANY PROBLEMS HAD BEEN  
10 IDENTIFIED AND CORRECTED. AS A RESULT OF THOSE FINDINGS, THE  
11 FACILITY'S MEDICARE CONTRACT WITH C.M.S. WILL TERMINATE THIS  
12 WEDNESDAY. THE DECISION IS DEFINITIVE. THERE ARE NO MORE  
13 EXTENSIONS, NO MORE REPRIEVES AND NO MORE PLANS OF CORRECTIONS  
14 OR SECOND CHANCES. THIS IS A DEVASTATING BLOW TO MANY PEOPLE,  
15 TO THE COMMUNITY, TO THE STAFF AT THE HOSPITAL AND TO SO MANY  
16 OF US WHO HAVE WORKED SO HARD TO FIX THE PROBLEMS AND TO THE  
17 HOSPITAL'S MANY DEFENDERS, AS WELL. BUT, AS I HAVE SAID TO YOU  
18 ON MANY OCCASIONS, ALL OF OUR HOSPITALS MUST MEET FEDERAL  
19 STANDARDS AND KING CANNOT BE HELD TO A DIFFERENT OR A LESSER  
20 STANDARD. I MADE A PLEDGE TO THE COMMUNITY, WHEN WE BEGAN THIS  
21 PROCESS 11 MONTHS AGO, THAT WE WOULD NOT KEEP A HOSPITAL OPEN  
22 THAT COULD NOT MEET MINIMAL NATIONAL STANDARDS. OUR PATIENTS  
23 DESERVE BETTER THAN THAT. THEY DESERVE THE SAME STANDARD OF  
24 GOOD MEDICAL CARE DELIVERED BY THE FINEST HOSPITALS HERE IN  
25 LOS ANGELES. YOUR BOARD AND MY DEPARTMENT HAVE EXPENDED





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1 ENORMOUS AMOUNTS OF TIME AND RESOURCES TO SAVE THIS HOSPITAL.  
2 LET ME SAY TO EACH OF YOU NOW THAT IT WAS WORTH THE EFFORT.  
3 AND THE BENEFIT IN TRYING TO FIX THIS HOSPITAL OUTWEIGHED THE  
4 RISK. SOUTH LOS ANGELES NEEDS A HOSPITAL ON WILMINGTON 120TH  
5 AND WE NEED TO COMMIT TO REOPENING THIS HOSPITAL. PRIVATE  
6 HOSPITALS IN THE SURROUNDING NEIGHBORHOODS HAVE DIMINISHED  
7 OVER THE PAST SEVERAL YEARS. THERE ARE FEWER SERVICES. THE  
8 POPULATION IS GROWING. CHRONIC ILLNESS IS ON THE RISE AND THE  
9 NEED IS SO IMMENSE. THIS WAS DIFFICULT WORK, AT TIMES, VERY  
10 FRUSTRATING WORK BUT IT WAS ABSOLUTELY WORTH THE EFFORT, GIVEN  
11 THE ENORMOUS NEED IN THE COMMUNITY. I WANT TO TAKE A MOMENT  
12 AND THANK THE STAFF AT KING-HARBOR FOR THEIR HARD WORK. I ALSO  
13 WANT TO THANK ANTOINETTE SMITH-EPPS AND THE LEADERSHIP TEAM AT  
14 THE HOSPITAL FOR STAYING THE COURSE AND I WANT TO THANK MY  
15 DEPARTMENT AND SPECIFICALLY HARBOR U.C.L.A. FOR THEIR  
16 COMMITMENT AND FOCUS AND FOR GOING THE EXTRA MILE TO SERVE THE  
17 BEST INTERESTS OF PATIENTS AND THE COMMUNITY. WE MUST MOVE  
18 FORWARD NOW AND CHANGE THE DIALOGUE FROM WHAT COULD HAVE BEEN  
19 DONE OR WHAT MIGHT HAVE BEEN DONE TO WHERE WE NEED TO GO IN  
20 THE FUTURE. WE MUST COMMIT TO LOOKING AT EVERY OPTION TO  
21 REOPEN A HOSPITAL UNDER A PRIVATE OPERATOR OR UNDER COUNTY  
22 AUSPICES AS SOON AS POSSIBLE. WE HAVE STARTED THAT PROCESS AND  
23 IT WILL TAKE TIME BUT THAT IS WHERE OUR FOCUS MUST BE. WHEN  
24 THE DECISION CAME DOWN LAST FRIDAY, IT BECAME CLEAR THAT WE  
25 FACED THE INABILITY TO PROVIDE SAFE STAFFING IN THE EMERGENCY



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1 DEPARTMENT AND OTHER UNITS AS A RESULT OF THE HUGE NUMBER OF  
2 CONTRACT OR TEMPORARY NURSING STAFF WHOSE CONTRACTS WERE  
3 EXPIRING AND WHO DECLINED TO RENEW. AS YOUR DIRECTOR AND CHIEF  
4 MEDICAL OFFICER, IT WAS MY DECISION AND MY DECISION ALONE TO  
5 TAKE IMMEDIATE ACTION TO CLOSE THE EMERGENCY DEPARTMENT. I  
6 INSTRUCTED THE E.M.S. AGENCY TO STOP 9-1-1 AMBULANCES AND THE  
7 HOSPITAL TO BEGIN THE CLOSURE OF THE E.R. AS OF 7 P.M. LAST  
8 FRIDAY. LET ME SAY AGAIN THIS DECISION WAS MADE SOLELY FOR THE  
9 PROTECTION OF OUR PATIENTS AND IN RESPONSE TO AN IMMEDIATE  
10 THREAT TO PUBLIC SAFETY. WE IMMEDIATELY NOTIFIED THE STATE  
11 DEPARTMENT OF HEALTH SERVICES THAT WE HAD TAKEN THIS EMERGENT  
12 ACTION IN THE EMERGENCY DEPARTMENT AND WOULD BEGIN THE CLOSURE  
13 OF INPATIENT SERVICES. THE DEPARTMENT CLOSELY MONITORED  
14 ACTIVITY AT KING-HARBOR AND THE NINE SURROUNDING PRIVATE  
15 HOSPITALS AND THE TWO COUNTY HOSPITALS THIS WEEKEND. ACTIVITY  
16 WAS LOW AT THE HOSPITAL AND, OVERALL, THE EMERGENCY SYSTEM  
17 REMAINED STABLE. WE WILL CONTINUE TO TRACK AND MONITOR  
18 ACTIVITY IN THE DAYS AND WEEKS AHEAD BY WORKING CLOSELY WITH  
19 E.M.S. PROVIDERS, HOSPITALS AND THEIR PHYSICIANS. THIS ISN'T  
20 EASY WORK AND WE CAN'T FORESEE EVERY IMPACT AT THIS STAGE. A  
21 MAJOR EMERGENCY ROOM HAS BEEN SHUT, A MAJOR DELIVERY ARTERY  
22 HAS BEEN REROUTED AND THE FACT THAT WE MADE IT THROUGH THIS  
23 PAST WEEKEND WITH RELATIVELY LITTLE DISRUPTION TO A FRAGILE  
24 EMERGENCY SERVICES NETWORK IS NOT A SIGN OF A TREND AT THIS  
25 POINT. THE 48 INPATIENT BEDS CURRENTLY AT KING-HARBOR WILL



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1 CLOSE IN AN ORDERLY FASHION OVER THE NEXT 10 DAYS. A FORMAL  
2 REQUEST WAS MADE ON FRIDAY TO BEGIN THE PROCESS OF PLACING THE  
3 HOSPITAL'S LICENSE IN VOLUNTARY SUSPENSION AND THE STATE HAS  
4 SIGNALLED THEIR WILLINGNESS TO SUPPORT THIS REQUEST. THE  
5 DEPARTMENT OF HEALTH SERVICES WILL WORK CLOSELY WITH STATE  
6 OFFICIALS TO COMPLETE THE VOLUNTARY SUSPENSION OVER THE NEXT  
7 COUPLE OF WEEKS. BEFORE I GO INTO THE RECOMMENDED ACTIONS IN  
8 MY MEMO TO YOUR BOARD, IT IS CRITICAL TO REMIND EVERYONE THAT,  
9 WHILE THE EMERGENCY ROOM IS CLOSED, ALL OUTPATIENT SERVICES  
10 ARE OPEN. ALL CLINICS ARE SCHEDULED TO CONTINUE. ANY PATIENT  
11 WITH A SCHEDULED APPOINTMENT SHOULD PLAN TO KEEP THEIR  
12 APPOINTMENT. THE URGENT CARE HAS BEEN AND CONTINUES TO RUN 16  
13 HOURS A DAY, 7 DAYS A WEEK FROM 8 IN THE MORNING UNTIL  
14 MIDNIGHT. THE KEY STEPS IN THE CONTINGENCY PLAN THAT WE NEED  
15 TO IMPLEMENT TODAY INCLUDE CONTINUED REDIRECTION OF THE 9-1-1  
16 AMBULANCES TO SURROUNDING HOSPITALS, IMPLEMENTATION TODAY,  
17 WITH A VOTE OF YOUR BOARD, TO IMPLEMENT THE BILINGUAL OUTREACH  
18 CAMPAIGN WE PROPOSE, RECONFIRMING FOR THE PUBLIC THAT WE ARE  
19 OPERATING THE URGENT CARE 16 HOURS A DAY, 7 DAYS A WEEK,  
20 RECONFIRMING THAT ALL OF OUR OUTPATIENT SERVICES REMAIN OPEN,  
21 OPENING ADDITIONAL BEDS AT RANCHO LOS AMIGOS AND HARBOR, AS  
22 WELL AS RETAINING PREVIOUSLY OPENED TEMPORARY METRO CARE  
23 COUNTY BEDS AND PRIVATE HOSPITAL BEDS SO THE OVERALL BED  
24 CAPACITY IN THE SYSTEM IS THE SAME AS IT WAS AT M.L.K. IN  
25 SEPTEMBER 2006. MAINTAINING ALL CURRENT M.L.K. OUTPATIENT AND



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1 SPECIALTY CLINICS AND PLANNING FOR AN EXPANSION OF OUTPATIENT  
2 SURGICAL SERVICES. MAINTAINING ON-SITE AMBULANCE SERVICE AT  
3 M.L.K. FOR EMERGENT TRANSFERS DURING THIS TRANSITION PERIOD  
4 AND MY DEPARTMENT'S WORKING CLOSELY WITH THE C.E.O., OUR UNION  
5 COLLEAGUES AND THE DEPARTMENT OF HUMAN RESOURCES TO ADDRESS  
6 STAFF THAT WILL NO LONGER BE NEEDED AT M.L.K.-HARBOR ONCE THE  
7 INPATIENT CLOSURE IS COMPLETE AND, FINALLY, WORKING WITH OUR  
8 COLLEAGUES IN THE DEPARTMENT OF MENTAL HEALTH TO MAINTAIN  
9 PSYCHIATRIC SERVICES IN THE AUGUSTUS HAWKINS BUILDING. AT THE  
10 END OF THE MEMO ARE A SERIES OF SPECIFIC RECOMMENDATIONS TO  
11 IMPLEMENT THESE STEPS IN THE CONTINGENCY PLAN. THESE INCLUDE  
12 DELEGATING, TO THE DIRECTOR OF HEALTH SERVICES, TO NEGOTIATE  
13 AND FOR THE CHAIR OF THE BOARD TO EXECUTE, WITHOUT FURTHER  
14 ACTION BY THE BOARD, A SERIES OF AGREEMENTS AND AMENDMENTS TO  
15 AGREEMENTS RELATED TO THE DEPARTMENT OF HEALTH SERVICES'  
16 CONTINGENCY PLAN TO OFFSET THE IMPACT OF M.L.K.-HARBOR'S  
17 CESSATION OF INPATIENT AND EMERGENCY DEPARTMENT SERVICES.  
18 RECOMMENDATION 2-A FOCUSES ON DEVELOPING A CONTRACT WITH  
19 IMPACTED HOSPITALS AS DESCRIBED IN THE DOCUMENT FOR A MAXIMUM  
20 OBLIGATION OF 16.3 MILLION FOR 12 MONTHS. THE AGREEMENT ALSO  
21 COVERS PHYSICIAN SERVICES, NOT JUST HOSPITALS BUT PHYSICIAN  
22 SERVICES, USING THE E.M.S. PHYSICIAN PAYMENT FUND. THESE  
23 CONTRACTS WOULD GO INTO EFFECT ON AUGUST 11TH, PROVIDED THAT  
24 THE HOSPITAL SIGN THE CONTRACT NO LATER THAN AUGUST 24TH. ALL  
25 CONTRACTS SIGNED AFTER AUGUST 24TH WOULD BE EFFECTIVE ON THEIR



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1 DATE OF SIGNING. THERE IS A REQUEST FOR AMENDMENTS TO TWO  
2 AGREEMENTS SO THAT WE CAN CONTINUE TO PROVIDE URGENT CARE  
3 SERVICES AND TO PROVIDE EXPANDED HOSPITAL SERVICES AT RANCHO  
4 LOS AMIGOS HOSPITAL FOR THE INCREASE IN BEDS. WE WILL AMEND  
5 THE EXISTING METRO CARE CONTRACTS, AS NECESSARY, TO IMPLEMENT  
6 THIS PLAN. AND, IN THE FINAL CONTRACTUAL RECOMMENDATION, IS AN  
7 AGREEMENT WITH CLEAR CHANNEL LOS ANGELES TO IMPLEMENT THE  
8 BILINGUAL COMMUNITY OUTREACH PLAN TO RESIDENTS THROUGH RADIO,  
9 PRINT, DIRECT MAIL, SIGNAGE AND OTHER COMMUNITY OUTREACH  
10 EFFORTS TO DESCRIBE THE CHANGES. I ALSO NEED YOU TO MAKE TWO  
11 FINDINGS. I NEED YOU TO MAKE A FINDING PURSUANT TO LOS ANGELES  
12 COUNTY CODE 2.121.420 THAT CONTINUED CONTRACTING FOR THE  
13 PROVISION OF URGENT CARE, AS WELL AS HOSPITALIST AND  
14 INTENSIVIST PHYSICIAN SERVICES, IS FEASIBLE AND TO MAKE A  
15 FINDING, PURSUANT TO LOS ANGELES COUNTY CODE 2.180.010, TO THE  
16 EXTENT ANY OF THE ABOVE AGREEMENTS FOR PHYSICIAN SERVICES WILL  
17 INVOLVE CONTRACTING WITH FORMER COUNTY EMPLOYEES WHO ARE OR  
18 MAY BE OFFICERS, PRINCIPALS, PARTNERS OR MAJOR SHAREHOLDERS OF  
19 THE CONTRACTING ENTITY, THAT SPECIAL CIRCUMSTANCES EXIST WHICH  
20 JUSTIFY SUCH CONTRACTS. AND, FINALLY, A RECOMMENDATION THAT WE  
21 SCHEDULE A BEILENSEN HEARING NO LATER THAN SEPTEMBER 4TH, 2007  
22 TO REVIEW THE ACTIONS TAKEN. THANK YOU AND I'LL BE GLAD TO  
23 ANSWER QUESTIONS.

24





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1    **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. JUST-- COULD YOU JUST STATE  
2    AGAIN WHAT IS THE SITUATION OF THE URGENT CARE? BECAUSE I  
3    THINK THERE'S-- I KNOW THAT MOST OF MY FRIENDS AND RELATIVES  
4    DON'T KNOW THE DIFFERENCE BETWEEN AN URGENT CARE AND AN  
5    EMERGENCY ROOM. COULD YOU DESCRIBE THAT AND, WITH ALL THESE  
6    CAMERAS HERE, EXPLAIN WHAT'S GOING ON?

7

8    **DR. BRUCE CHERNOF:** ABSOLUTELY. FIRST, THE URGENT CARE, AGAIN,  
9    IS OPEN 7 DAYS A WEEK FROM 8 IN THE MORNING UNTIL MIDNIGHT, 16  
10   HOURS A DAY. AN URGENT CARE IS A GREAT PLACE TO GO WHERE YOU  
11   HAVE A PROBLEM WHERE YOU WOULD NORMALLY GO SEE YOUR REGULAR  
12   DOCTOR BUT YOU DON'T HAVE AN APPOINTMENT THAT DAY OR IT'S  
13   AFTER HOURS WHEN A REGULAR DOCTOR'S OFFICE WOULD BE CLOSED.  
14   FOR THOSE KINDS OF VISITS, WE'RE THERE FOR YOU AND WE LOOK  
15   FORWARD TO CARING FOR YOU. SO COUGHS, COLDS, SIMPLE HEADACHES,  
16   THOSE ARE ALL THE KINDS OF THINGS, REQUIREMENTS FOR  
17   MEDICATION, THOSE ARE ALL THINGS WE CAN DO FOR YOU IN AN  
18   URGENT CARE. IF SOMEBODY HAS A SERIOUS PROBLEM, THE KIND OF  
19   THING YOU'D CALL 9-1-1 FOR, SEVERE CHEST PAIN OR A SEIZURE,  
20   THOSE ARE THE KINDS OF THINGS WHERE INDIVIDUALS NEED TO GO TO  
21   THE NEAREST EMERGENCY ROOM OR CALL 9-1-1 IF THEY THINK THE  
22   PROBLEM IS REALLY EMERGENT.

23

24   **SUP. YAROSLAVSKY, CHAIRMAN:** HOW ABOUT A SPRAINED ANKLE?

25



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1 **DR. BRUCE CHERNOF:** WE WILL BE PREPARED TO PROVIDE RADIOLOGY  
2 SERVICES DURING URGENT CARE HOURS IF THE SPRAIN SEEMS SIMPLE.  
3 THAT WOULD BE A REASONABLE THING TO COME TO OUR URGENT CARE  
4 FOR AND WE'D BE GLAD TO SEE THAT PATIENT.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** HOW ABOUT A CHILD WHO FALLS IN THE  
7 JUNGLE GYM AND HAS A SPLIT LIP AND MAY NEED A STITCH OR TWO?

8

9 **DR. BRUCE CHERNOF:** AGAIN, THAT WOULD BE REASONABLE TO COME TO  
10 OUR URGENT CARE FOR. IF SOMEBODY NEEDS A HIGHER LEVEL OF CARE,  
11 IF THEY NEED TO BE SEEN IN AN EMERGENCY ROOM, WE WILL MAKE  
12 APPROPRIATE ARRANGEMENTS TO TRANSFER THAT PERSON.

13

14 **SUP. YAROSLAVSKY, CHAIRMAN:** AND, AGAIN, IT IS OPEN FROM WHEN?  
15 8 A.M.?

16

17 **DR. BRUCE CHERNOF:** IT IS OPEN FROM 8 A.M. TO MIDNIGHT EVERY  
18 SINGLE DAY AND IS TODAY. HAS BEEN ALL WEEKEND.

19

20 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. THANK YOU. SUPERVISOR BURKE?

21

22 **SUP. MOLINA:** ZEV, COULD I MAKE A STATEMENT IN SPANISH?

23

24 **SUP. YAROSLAVSKY, CHAIRMAN:** GOOD IDEA.

25



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1    **SUP. BURKE:** YES, I THINK THAT WOULD BE A VERY GOOD IDEA.

2

3    **SUP. MOLINA:** ALL RIGHT. SINCE SO MANY OF OUR PATIENTS ARE  
4    SPANISH-SPEAKING, IF YOU'D PERMIT ME.

5

6    **SUP. MOLINA:** [ MAKING A STATEMENT IN SPANISH ]

7

8    **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. SUPERVISOR BURKE?

9

10    **SUP. BURKE:** YES, FIRST OF ALL, WE'RE ALL VERY DISAPPOINTED  
11    THAT C.M.S. CAME TO THE CONCLUSION THAT IT DID AND I WANT TO  
12    SAY TO YOU, DR. CHERNOF, THAT YOU WORKED VERY HARD, AS DID  
13    ANTOINETTE EPPS AND IT WAS NOT A LACK OF MONEY THAT CAUSED  
14    THIS PROBLEM THAT WE'RE GETTING TO. CERTAINLY, THERE WERE  
15    ADEQUATE FUNDS PROVIDED BUT WE KNOW WE HAVE TO MOVE FORWARD  
16    AND, YOU KNOW, I'M NOT GOING TO DWELL A LOT ON WHAT SHOULD  
17    HAVE BEEN OR COULD WHAT HAVE BEEN EVEN THOUGH I MAY, IN A  
18    COUPLE OF INSTANCES, LIKE TO ASK SOME QUESTIONS ABOUT IT. BUT  
19    I DO WANT TO SAY TO YOU AND ANTOINETTE EPPS THAT BOTH OF YOU,  
20    I KNOW, WORKED VERY, VERY HARD, AS DID MANY OF THE PEOPLE ON  
21    THE STAFF OF THAT HOSPITAL. BUT FIRST LET ME GET DOWN TO WHAT  
22    REALLY ARE THE CLINICAL BASIS THAT REQUIRED YOU TO IMMEDIATELY  
23    CLOSE?

24



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1 **DR. BRUCE CHERNOF:** SUPERVISOR, PARTICULARLY IN THE EMERGENCY  
2 DEPARTMENT, WE USE-- IT'S THE ONE AREA IN THE HOSPITAL WHERE  
3 WE CONTINUE TO USE A SIGNIFICANT AMOUNT OF TRAVELER AND  
4 REGISTRY STAFF. NO MATTER HOW HARD WE TRIED, WE WERE UNABLE TO  
5 HIRE ENOUGH PERMANENT STAFF TO FILL THOSE POSITIONS AND WE DO  
6 USE TRAVELER AND REGISTRY IN ALL OF OUR HOSPITALS. MANY OF  
7 THOSE CONTRACTS, THOSE INDIVIDUALS, THEIR WORK CONTRACTS ENDED  
8 FRIDAY, SATURDAY OR SUNDAY AND WE WERE UNABLE, EVEN PULLING  
9 FROM OUR OTHER HOSPITALS, TO COMPLETELY REPLACE NECESSARY  
10 STAFFING. THERE IS NO WAY THAT I WAS GOING TO HAVE PATIENTS  
11 COME TO A FACILITY THAT WAS NOT PREPARED TO RECEIVE THEM OR  
12 PUT STAFF IN THE POSITION OF HAVING TO CARE FOR PATIENTS  
13 WITHOUT ENOUGH RESOURCES AND THAT'S HOW I MADE THE DECISION I  
14 DID.

15

16 **SUP. BURKE:** UNFORTUNATELY, DURING THE TIME THE SURVEYORS WERE  
17 HERE AND SHORTLY AFTER THAT, M.L.K. EMERGENCY WENT ON  
18 DIVERSION.

19

20 **DR. BRUCE CHERNOF:** THAT IS CORRECT.

21

22 **SUP. BURKE:** AND THAT WAS AS A RESULT OF NURSES NOT COMING TO  
23 WORK, WAS THAT IT?

24

25 **DR. BRUCE CHERNOF:** THAT IS CORRECT.



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1

2 **SUP. BURKE:** DO YOU THINK THAT HAD AN IMPACT ON THE WHOLE  
3 DECISION SOMEWHAT?

4

5 **DR. BRUCE CHERNOF:** ON MY DECISION?

6

7 **SUP. BURKE:** NOT ON YOUR DECISION BUT C.M.S. DID IT AFFECT IT?

8

9 **DR. BRUCE CHERNOF:** ONE OF THE THINGS THAT C.M.S. DID LOOK AT  
10 IN THE SURVEY IS THE AMOUNT OF TRAVELER AND REGISTRY STAFF  
11 USED. ONE OF THE REAL SUCCESSES HAD BEEN THE REDUCTION IN THE  
12 NUMBER OF TRAVELER AND REGISTRY STAFF NEEDED TO STAFF THE  
13 HOSPITAL. WE HAD GONE FROM THE MID TO HIGH 60 PERCENT  
14 TRAVELING AND REGISTRY STAFF WORK HOURS A YEAR AGO TO A PLACE  
15 NOW WHERE THE MID 60 PERCENT OF STAFF WAS ACTUALLY COUNTY  
16 STAFF, AS OPPOSED TO TRAVELER AND REGISTRY. SO WE HAD FLIPPED  
17 THAT PERCENTAGE. BUT STILL, TRAVELING AND REGISTRY STAFF OF 30  
18 PERCENT IS A LOT.

19

20 **SUP. BURKE:** NOW, C.M.S., DURING THE TIME THAT WE WERE WAITING  
21 FOR THIS SURVEY, THEY WERE PROVIDING US FUNDS FOR EMERGENCY  
22 SERVICES, IS THAT CORRECT?

23

24 **DR. BRUCE CHERNOF:** THAT'S CORRECT.

25





**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1    **SUP. BURKE:** WHEN WE NO LONGER HAVE EMERGENCY SERVICE AND WE  
2    SHIFT TO URGENT CARE, DO WE GET REIMBURSED FOR ANY OF THAT  
3    CARE?

4

5    **DR. BRUCE CHERNOF:** GENERALLY, NO. THERE'S A VERY NARROW  
6    DEFINITION OF EMERGENCY SERVICES THAT CAN BE COVERED FOR NON-  
7    CONTRACTED ENTITIES FOR C.M.S. BUT IT IS VERY NARROW.

8

9    **SUP. BURKE:** SO HOW WILL WE PAY FOR THE URGENT CARE? IS THAT  
10    GOING TO BE ALL COUNTY FUNDS? OR WILL WE GET STATE  
11    REIMBURSEMENT?

12

13    **DR. BRUCE CHERNOF:** I'M GOING TO ASK ALLAN WECKER TO JOIN ME TO  
14    JOIN ME TO HELP ANSWER THAT QUESTION SO WE GIVE YOU CORRECT  
15    INFORMATION.

16

17    **SUP. BURKE:** AND WHILE HE'S COMING UP, WHAT HAPPENS TO THOSE  
18    FUNDS THAT WE WERE RECEIVING FROM C.M.S. FOR EMERGENCY? WHERE  
19    DO THOSE FUNDS GO?

20

21    **DR. BRUCE CHERNOF:** BEAR WITH ME, SUPERVISOR.

22

23    **SUP. BURKE:** OKAY. I THINK WE SHOULD KNOW EXACTLY WHAT THE  
24    FINANCIAL IMPLICATIONS ARE HERE. THE MONEY WE WERE RECEIVING,



**The Meeting Transcript of  
The Los Angeles County Board of Supervisors**

1 BECAUSE IT WAS-- WE WERE RECEIVING EMERGENCY CARE MONEY FROM  
2 C.M.S., RIGHT?

3

4 **ALLAN WECKER:** YES, WE WERE.

5

6 **SUP. BURKE:** EVEN THOUGH WE WERE NOT BEING PAID UP TO AUGUST  
7 15TH FOR INPATIENTS?

8

9 **ALLAN WECKER:** RIGHT.

10

11 **SUP. BURKE:** WHERE DO THOSE FUNDS GO NOW?

12

13 **ALLAN WECKER:** OKAY. WHAT WILL HAPPEN IS, ONCE THE HOSPITAL IS  
14 CLOSED, THAT DAY, THIS WILL BECOME A NON-HOSPITAL-BASED CLINIC  
15 AND, WHEN IT'S A NON-HOSPITAL-BASED CLINIC AND THESE ARE  
16 MEDICAL PATIENTS GOING TO OUR E.R., WE WILL GET PAID MEDI-CAL  
17 RATES FOR THEM.

18

19 **SUP. BURKE:** YOU MEAN FOR THE URGENT CARE?

20

21 **ALLAN WECKER:** FOR THE URGENT CARE.

22

23 **SUP. BURKE:** WE WILL GET...

24



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The Los Angeles County Board of Supervisors**

1   **ALLAN WECKER:** WE'LL GET MEDI-CAL FUNDING FOR MEDI-CAL PATIENTS  
2   AND WE'LL...

3

4   **SUP. BURKE:** WELL, THOSE WHO AREN'T MEDI-CAL PATIENTS, WHAT  
5   WILL HAPPEN?

6

7   **ALLAN WECKER:** THAT WILL HAVE TO COME THROUGH COUNTY RESOURCES.

8

9   **SUP. BURKE:** NOW THE MONEY THAT WAS GOING FROM C.M.S., WHERE  
10   WILL THAT GO? WHAT WILL HAPPEN TO THAT? WILL THAT BE  
11   TRANSFERRED TO OTHER HOSPITALS WITHIN THE SYSTEM OR WHAT WILL  
12   HAPPEN TO IT?

13

14   **ALLAN WECKER:** THERE IS A FORMULA IN STATE STATUTE THAT WILL  
15   SEND SOME OF IT TO OUR OTHER HOSPITALS, WE'RE PROJECTING ABOUT  
16   \$27 MILLION, AND THE REST OF IT WILL FLOAT THROUGH TO OTHER  
17   HOSPITALS THROUGHOUT THE STATE OF CALIFORNIA.

18

19   **SUP. BURKE:** ALL RIGHT. WELL, WE'VE SAID A GREAT DEAL ABOUT  
20   URGENT CARE AND I DO HOPE THAT THERE CAN BE AN EMPHASIS.  
21   URGENT CARE WILL REMAIN IN THE HOSPITAL. AND I KNOW THAT THERE  
22   WAS A NEWS REPORT THAT WENT OUT THAT'S CAUSED A LOT OF  
23   CONFUSION THAT URGENT CARE IS CLOSING AND I THINK THAT'S SO  
24   UNFORTUNATE. PEOPLE WHO NEED THE SERVICES-- AND HOW MANY



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1 VISITS DO YOU ANTICIPATE, DR. CHERNOF, WILL COME TO URGENT  
2 CARE IN THIS NEXT YEAR? AT THE HOSPITAL, M.L.K.?

3

4 **DR. BRUCE CHERNOF:** SUPERVISOR, WE'RE PREPARED TO SEE UP TO, I  
5 BELIEVE 30,000 VISITS, WHICH IS A SIGNIFICANT INCREASE OVER  
6 WHAT WE'RE CURRENTLY SEEING. YOU ARE ABSOLUTELY RIGHT THAT  
7 THERE WAS ONE PRESS OUTLET MISREPORTED THIS MORNING THAT THE  
8 URGENT CARE WAS CLOSING NEXT WEEK. I'VE ASKED THAT THAT PRESS  
9 OUTLET CORRECT-- I'VE HAD MY STAFF CONTACT THAT PRESS OUTLET  
10 TO CORRECT THAT BIT OF MISINFORMATION SO THAT FOLKS KNOW WE  
11 ARE OPEN. I THINK THE KEY THING, WITH RESPECT TO YOUR PREVIOUS  
12 QUESTION THAT ALLAN HIT UPON, IS THAT GENERALLY DOLLARS IN OUR  
13 SYSTEM FOLLOW THE PATIENTS. SO, WHEN WE INCREASE BEDS AT  
14 RANCHO LOS AMIGOS AND WHEN WE INCREASE BEDS AT HARBOR AS THIS  
15 PLAN OUTLINES, THAT SIGNIFICANT COMPONENTS OF THE FUNDING DO  
16 FOLLOW THE PATIENTS.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** IS THAT 27 MILLION?

19

20 **ALLAN WECKER:** YES, WE EXPECT \$27 MILLION TO FUND TO OTHER  
21 OTHER HOSPITALS.

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THAT WAS THE ANSWER.

24



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1   **SUP. BURKE:** ALL RIGHT. IS THAT ABOUT THE AMOUNT WE WERE  
2   GETTING? I MEAN FOR EMERGENCY. DURING THIS TIME THAT WE WERE  
3   NOT GETTING-- AFTER ABOUT, I THINK, MAY, WE WEREN'T GETTING  
4   ANY FUNDS FROM C.M.S. EXCEPT FOR EMERGENCY CARE.

5

6   **ALLAN WECKER:** YEAH, I WOULD HAVE TO LOOK IT UP. I DON'T KNOW  
7   THE EXACT NUMBER THAT WE WERE GETTING PAID FOR IT BUT I CAN...

8

9   **SUP. BURKE:** OKAY, FOR EMERGENCY.

10

11   **ALLAN WECKER:** YES.

12

13   **SUP. BURKE:** NOW, FOR URGENT CARE, WHERE WILL THE STAFF COME  
14   FROM? DOCTORS? NURSES? WHERE WILL THEY COME FROM?

15

16   **DR. BRUCE CHERNOF:** THE URGENT CARE STAFF WILL CONTINUE TO BE--  
17   THE NON-PHYSICIAN STAFF WILL BE COUNTY EMPLOYEES AND THE  
18   PHYSICIANS ARE PRIVATELY CONTRACTED PHYSICIANS.

19

20   **SUP. BURKE:** YOU KNOW, ONE OF THE THINGS I'M CONCERNED ABOUT,  
21   THOSE NURSES WHO DID NOT ANSWER CORRECTLY TO C.M.S. AND WHO  
22   DID NOT HAVE THE RESPONSES THAT HAVE CAUSED US SOME OF THE  
23   PROBLEM, WHAT'S GOING TO HAPPEN TO THOSE NURSES? ARE THEY  
24   GOING SOMEWHERE ELSE OR ARE THEY GOING TO REMAIN? AND,





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1 CERTAINLY, I HOPE THEY AREN'T COMING TO URGENT CARE OR  
2 OUTPATIENT.

3

4 **DR. BRUCE CHERNOF:** SUPERVISOR, THERE ARE BETWEEN 1,500 AND  
5 1,600 EMPLOYEES TOTAL ON THE M.L.K.-HARBOR CAMPUS, BOTH  
6 INPATIENT AND OUTPATIENT, AND THE VAST MAJORITY OF THOSE  
7 INDIVIDUALS PERFORMED WELL IN THE SURVEY.

8

9 **SUP. BURKE:** I UNDERSTAND THAT.

10

11 **DR. BRUCE CHERNOF:** IT IS CLEAR THAT THERE ARE SPECIFIC  
12 INDIVIDUALS WHO PERFORMED INAPPROPRIATELY IN THE SURVEY AND  
13 THAT THOSE FINDINGS ARE EXTREMELY TROUBLING TO ME.

14

15 **SUP. BURKE:** HAVE YOU IDENTIFIED THOSE PEOPLE?

16

17 **DR. BRUCE CHERNOF:** THE STAFF ARE GOING THROUGH THE SURVEY  
18 RESULTS TO LOOK AT THE SPECIFIC INCIDENTS INVOLVED AND THOSE  
19 INDIVIDUALS WHO DID NOT PERFORM APPROPRIATELY WILL HAVE THE  
20 APPROPRIATE HUMAN RESOURCES ACTIONS TAKEN RELEVANT TO WHAT THE  
21 FINDINGS WERE. THE SURVEYS ARE COMPLICATED. IT'S A MIXTURE OF  
22 INDIVIDUALS, SYSTEMS AND PROCESSES AND WE NEED TO LOOK  
23 CAREFULLY TO SEE WHICH ARE INDIVIDUALS AND WHICH ARE NOT. BUT,  
24 IF THERE ARE SPECIFIC INDIVIDUALS THAT DID NOT PERFORM TO  
25 STANDARD, TO POLICY AND PROCEDURE, DID NOT FOLLOW THE TRAINING



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1 THAT THEY RECEIVED, THAT'S A REAL PROBLEM AND THOSE PEOPLE  
2 CAN'T JUST BE MOVED AROUND.

3

4 **SUP. BURKE:** YEAH, WE DON'T WANT THEM STAYING THERE SO THAT WE  
5 HAVE A CONTINUING PROBLEM. WE HAVE TO MOVE FORWARD AND WE HAVE  
6 TO PROVIDE GOOD URGENT CARE. WE HAVE TO PROVIDE GOOD  
7 OUTPATIENT SERVICES. LET ME GET TO OUTPATIENT. M.A.C.C.,  
8 MULTI-SERVICE OUTPATIENT SERVICES, THOSE WILL BE CONTINUING  
9 THERE, RIGHT?

10

11 **DR. BRUCE CHERNOF:** THAT'S CORRECT.

12

13 **SUP. BURKE:** COULD YOU GIVE US A LIST OF THE KIND OF SERVICES  
14 THAT WILL BE PROVIDED AT THAT OUTPATIENT CLINIC OR THE  
15 OUTPATIENT FACILITY?

16

17 **DR. BRUCE CHERNOF:** SUPERVISOR, THERE ARE APPROXIMATELY 70  
18 PRIMARY CARE SPECIALTY AND SUBSPECIALTY CLINICS THAT WILL BE  
19 AVAILABLE ON SITE. THESE INVOLVE ALL OF THE CLASSIC MEDICAL  
20 SPECIALTY CLINICS, RHEUMATOLOGY, NEUROLOGY, GASTROENTEROLOGY,  
21 THE PROCEDURAL CLINICS RELATED TO THOSE SERVICES, SURGICAL  
22 CLINICS, PEDIATRIC CLINICS, BOTH SPECIALTY AND PRIMARY CARE.  
23 SO THE FULL ARRAY OF SERVICES THAT ARE THERE CURRENTLY ON THE  
24 OUTPATIENT SIDE WILL CONTINUE.

25



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1     **SUP. BURKE:** WHAT KIND OF SURGERIES WILL BE PERFORMED THERE?

2

3     **DR. BRUCE CHERNOF:** SUPERVISOR, WE HAVE AN OUTPATIENT SURGERY  
4     PROGRAM IN PLACE AND MY RECOMMENDATION TO YOUR BOARD AND TO  
5     THE C.E.O. IS THAT WE HAVE A REAL OPPORTUNITY TO EXPAND  
6     OUTPATIENT SPECIALTY SERVICES. WE HAVE BEAUTIFUL NEW O.R.S  
7     THAT WERE JUST RENOVATED, STATE-OF-THE-ART OPERATING ROOMS  
8     THAT ARE IN THE BUILDING. WE NEED TO PUT THOSE TO GOOD USE. WE  
9     HAVE LONG WAITS FOR CERTAIN KINDS OF COMMON OUTPATIENT  
10    SPECIALTY PROCEDURES AND WE HAVE AN OPPORTUNITY NOW TO WORK  
11    DOWN THOSE BACKLOGS. THE KINDS OF OUTPATIENT SURGERY  
12    PROCEDURES RANGE FROM REMOVING SMALL MASSES AND SOFT TISSUE  
13    PROBLEMS, FIXING HERNIAS, DEALING WITH SIMPLE GALLBLADDER  
14    PROBLEMS, MORE COMPLICATED BIO.P.S.IES THAT YOU NORMALLY DO IN  
15    AN OPERATING ROOM, DENTAL PROCEDURES, CERTAIN KINDS OF G.I.  
16    PROCEDURES. SO KIND OF A FULL ARRAY OF SERVICES ON THE  
17    OUTPATIENT SIDE IN THE OPERATING ROOM.

18

19    **SUP. BURKE:** AND THAT'S A NEW SURGERY CENTER THAT WAS JUST  
20    COMPLETED, IS THAT CORRECT?

21

22    **DR. BRUCE CHERNOF:** THE OPERATING ROOMS WERE JUST COMPLETED IN  
23    THE LAST-- WE GOT OUR OCCUPANCY PERMIT IN THE LAST FEW WEEKS.

24

25    **SUP. BURKE:** IN RESPONSE TO THE LAST C.M.S. SURVEY?



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1

2 **DR. BRUCE CHERNOF:** THAT WOULD BE CORRECT.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** TIME IS UP. GO AHEAD. ONE MORE  
5 QUESTION.

6

7 **SUP. BURKE:** ONE MORE QUESTION? I CAN COME BACK TO SOME OF THAT  
8 BUT I'D LIKE TO TALK ABOUT AUGUSTUS HAWKINS PSYCHIATRIC. IS  
9 THERE SOMEONE FROM PSYCHIATRIC THAT CAN TELL US EXACTLY WHAT'S  
10 GOING TO BE PROVIDED THERE?

11

12 **DR. BRUCE CHERNOF:** I'D LIKE TO ASK ONE OF MY COLLEAGUES FROM  
13 D.M.H. TO JOIN ME IF THEY'RE HERE. I THINK DR. SHANER WILL  
14 JOIN ME.

15

16 **SUP. BURKE:** ALL RIGHT. I THINK IT'S VERY IMPORTANT TO KNOW  
17 EXACTLY-- AUGUSTUS HAWKINS, WHICH PROVIDES PSYCHIATRIC  
18 SERVICES, WHAT SERVICES THERE WILL BE CONTINUED OR WILL YOU  
19 CONTINUE TO BE OPEN?

20

21 **DR. RODERICK SHANER:** SUPERVISOR, OUR DEPARTMENT, THE  
22 DEPARTMENT OF MENTAL HEALTH, WILL CONTINUE TO WORK CLOSELY  
23 WITH D.H.S. AND OTHER AGENCIES TO ENSURE THAT WE CAN PROVIDE  
24 ALL THE SERVICES AT THAT SITE, CONSISTENT WITH THE NECESSARY  
25 SUPPORT SERVICES.



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1

2 **SUP. BURKE:** WILL YOU PROVIDE INPATIENT AND OUTPATIENT?

3

4 **DR. RODERICK SHANER:** AT THIS POINT, WE PROVIDE OUTPATIENT  
5 SERVICES AND WOULD CONTINUE TO DO THAT. WE DO NOT DIRECTLY  
6 PROVIDE INPATIENT SERVICES AT THE SITE, ALTHOUGH WE CAN  
7 TEMPORARILY DETAIN PEOPLE ON INVOLUNTARY 5150 HOLDS, PENDING  
8 EITHER THEM GETTING BETTER OR GOING TO AN INPATIENT BED.

9

10 **SUP. BURKE:** HOW WILL YOU WORK THE 5150S? WILL OFFICERS OR  
11 HOSPITALS OR AMBULANCES, WILL THEY BRING 5150S THERE OR IS THE  
12 PLAN FOR 5150S TO GO SOMEWHERE ELSE?

13

14 **DR. RODERICK SHANER:** WE CURRENTLY MAINTAIN WHAT'S CALLED  
15 L.P.S. DESIGNATION AT THE U.C.C. SITE SO IT CAN LEGALLY ACCEPT  
16 INDIVIDUALS DETAINED ON 5150. WE EVALUATE THESE INDIVIDUALS TO  
17 DETERMINE THOSE THAT MIGHT BENEFIT FROM BEING IN THE U.C.C.  
18 BASICALLY, THESE WOULD BE PEOPLE WHO WE THINK MIGHT LIKELY  
19 HAVE THEIR PROBLEMS RESOLVED BEFORE 24 HOURS AND THE  
20 REQUIREMENT FOR AN INPATIENT FACILITY AND INDIVIDUALS WHO MAY  
21 NOT REQUIRE MORE EXTENSIVE GENERAL MEDICAL ASSESSMENT AND  
22 TREATMENT.

23

24 **SUP. BURKE:** JUST A VERY BRIEF QUESTION. DR. CHERNOF, WILL  
25 THERE BE ADEQUATE SIGNAGE SO PEOPLE KNOW WHERE TO GO FOR





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1 URGENT CARE? WHERE TO GO FOR OUTPATIENT? SO THEY'LL KNOW

2 EXACTLY WHERE TO GO IN THE HOSPITAL?

3

4 **DR. BRUCE CHERNOF:** SUPERVISOR, YES, ABSOLUTELY AND THAT'S AN  
5 IMPORTANT PART OF THE BILINGUAL COMMUNICATION AND OUTREACH  
6 CAMPAIGN IS FROM THE HOME TO THE FACILITY, WE NEED TO CLEARLY  
7 TALK ABOUT HOW TO RECEIVE SERVICES, HOW TO DO WAY FINDING WHEN  
8 YOU GET ON THE CAMPUS AND WE WILL DO THAT IN MORE THAN ONE  
9 LANGUAGE.

10

11 **SUP. BURKE:** ALL RIGHT.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** SUPERVISOR KNABE?

14

15 **SUP. KNABE:** OBVIOUSLY, ONE OF THE ISSUES, WHEN YOU MENTIONED  
16 EARLIER ON THE URGENT CARE OF THE DOCS, AS FAR AS CONTRACTING  
17 WITH THOSE, HOW DOES THAT FIT INTO THE PICTURE AS WE'RE TRYING  
18 TO DEAL WITH THESE OTHER NINE SURROUNDING HOSPITALS? MY  
19 UNDERSTANDING AS OF RIGHT NOW, WE HAVE NO CONTRACTS WITH THOSE  
20 FOLKS, IS THAT CORRECT?

21

22 **DR. BRUCE CHERNOF:** FOR WHAT SERVICES, SUPERVISOR?

23

24 **SUP. KNABE:** WELL, I MEAN, EITHER, YOU KNOW, EITHER THE  
25 DELIVERED PATIENT OR THE WALK-IN PATIENT. I MEAN, YOU HAVE



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1 BEEN NEGOTIATING, IS THAT CORRECT, PRIOR TO THIS C.M.S. ACTION  
2 ON FRIDAY?

3

4 **DR. BRUCE CHERNOF:** CURRENTLY, SUPERVISOR, WE DO HAVE CONTRACTS  
5 WITH CERTAIN HOSPITALS RELATED TO TRAUMA CARE SO WE HAVE A  
6 HISTORY OF WORKING WITH PRIVATE HOSPITALS AND PRIVATE DOCTORS.  
7 RELATIVE TO THIS BODY OF WORK, THIS NEW BODY OF WORK,  
8 SUPERVISOR, NO, WE DON'T HAVE A CONTRACT TODAY. I REMIND ALL  
9 OF US THAT EMERGENCY ROOMS, UNDER M.T.A.L.A. LAW, HAVE THE  
10 OBLIGATION TO SEE EVERY PATIENT WHO PRESENTS TO THEM. SO WE  
11 ARE LOOKING TO WORK WITH THE PRIVATE SECTOR TO HELP MITIGATE  
12 THE IMPACT OF THIS CHANGE BECAUSE THEY DO HAVE A SPECIFIC  
13 RESPONSIBILITY WHEN THEY RUN AN EMERGENCY ROOM.

14

15 **SUP. KNABE:** SO, FROM THE URGENT CARE STANDPOINT, WE HAVE DOCS  
16 ON SITE AND WE HAVE CONTRACTS WITH THEM, IS THAT CORRECT?

17

18 **DR. BRUCE CHERNOF:** THAT'S CORRECT.

19

20 **SUP. KNABE:** BECAUSE, OBVIOUSLY, I THINK WE ALSO NEED TO GET  
21 OUT THE TRUTH AND THE IMPACT ON THESE SURROUNDING HOSPITALS. I  
22 MEAN, THAT, YOU KNOW, THESE 47,000 VISITS THAT WE TALK ABOUT,  
23 BOTH DELIVERED AND WALK-IN, YOU KNOW, WHAT ARE WE GOING TO BE  
24 ABLE TO DO TO ASSIST THEM OR TO WORK WITH THEM? ARE WE DOING



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1 ZIP CODE EVALUATIONS? HOW ARE WE HANDLING THAT? OR IS THAT  
2 PART OF THE ONGOING IMPLEMENTATION PLAN?

3

4 **DR. BRUCE CHERNOF:** SUPERVISOR, IT'S PART OF THE ONGOING  
5 IMPLEMENTATION PLAN BUT WE'VE STARTED WITH, I THINK, A VERY  
6 REASONABLE PREMISE THAT THE 9-1-1 AMBULANCE TRANSFERS ARE A  
7 BODY OF PATIENTS THAT WE, AS A COUNTY, HAVE RESPONSIBILITY FOR  
8 HOW THEY'RE DIRECTED TO THE PRIVATE HOSPITALS AND WE WANT TO  
9 WORK WITH THEM ON THOSE PATIENTS BECAUSE WE CAN QUANTIFY THEM  
10 AND WE ARE DIRECTING THEM TO SPECIFIC HOSPITALS THROUGH THE  
11 E.M.S. AGENCY. SO WE HAVE A PROPOSAL WITH THE PRIVATE  
12 HOSPITALS TO WORK WITH THEM ON THOSE PATIENTS, WHETHER THEY'RE  
13 ADMITTED OR WHETHER THEY'RE TREATED AND RELEASED. WE'RE ALSO  
14 LOOKING TO USE PREVIOUS BOARD POLICY THAT'S ALREADY  
15 IMPLEMENTED AROUND PAYING FOR INDIGENT CARE TO PAY THE  
16 PHYSICIANS. PHYSICIANS NEED TO BE PAID APPROPRIATELY FOR THIS  
17 BODY OF WORK AND THERE IS A BOARD-APPROVED PROCESS IN PLACE  
18 WHICH WE INTEND TO USE.

19

20 **SUP. KNABE:** SO YOU HAVE PLENTY OF DOCS UNDER CONTRACT TO  
21 HANDLE THIS WHOLE URGENT CARE SITUATION, IS THAT CORRECT?

22

23 **DR. BRUCE CHERNOF:** WELL, WE HAVE A PROCESS-- WELL, WITH  
24 RESPECT TO THE URGENT CARE IN OUR OWN HOSPITALS, YES. WITH  
25 RESPECT TO THE IMPACTED HOSPITALS, THE PHYSICIANS IN THOSE



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1 IMPACTED HOSPITALS WOULD USE THE E.M.S. INDIGENT PROVIDER  
2 FUND, I BELIEVE THAT'S THE NAME, TO COVER THOSE, TO BILL FOR  
3 THOSE SERVICES.

4

5 **ALLAN WECKER:** ONE QUICK POINT? D.H.S. HAS PUT ON THE TABLE A  
6 VERY FAIR OFFER TO THESE IMPACTED HOSPITALS. I THINK, AT THIS  
7 POINT, A COMPARISON IS NEEDED. WHEN DANIEL FREEMAN CLOSED THIS  
8 EMERGENCY ROOM, THE OFFER THAT WE PROPOSED WAS NOT PUT ON THE  
9 TABLE BY THAT PARTICULAR HOSPITAL. WE HAVE A VERY, VERY FAIR  
10 OFFER. IN THE SPEECH TO THE-- SOME OF IT'S DETAILED IN DR.  
11 CHERNOF'S REPORT, IT DOES ADDRESS THE IMPACT. IT DOESN'T CURE  
12 EVERYONE'S FINANCIAL PROBLEMS BUT WE FEEL IT'S A VERY FAIR  
13 OFFER.

14

15 **SUP. KNABE:** WE RECEIVED-- I KNOW THERE'S BEEN ONGOING  
16 CONVERSATIONS WITH THE STATE, AND THEY'VE BEEN IN AND OUT OF  
17 THE HOSPITAL OVER THE WEEKEND, HAVE THEY APPROVED OUR PATIENT  
18 TRANSITION PLAN? I KNOW THEY APPROVED THE VOLUNTARY LICENSE  
19 SUSPENSION BUT THIS WHOLE TRANSITION PLAN, DO THEY HAVE TO  
20 APPROVE IT OR HAVE THEY APPROVED IT?

21

22 **DR. BRUCE CHERNOF:** THEY DON'T TECHNICALLY NEED TO APPROVE IT,  
23 TO MY KNOWLEDGE, SUPERVISOR. THEY ARE MONITORING IT VERY  
24 CLOSELY. THEY WERE IN EACH DAY THIS WEEKEND. THEY ARE AWARE OF  
25 THE PLAN AND THE STEPS THAT WE'RE TAKING AND THE VOLUNTARY



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1 SUSPENSION IS LINKED TO THE IMPLEMENTATION OF THE PLAN, WHICH  
2 IS HOW I KNOW THEY'RE AWARE OF IT. SO I BELIEVE IT'S FAIR TO  
3 SAY THAT THEY'RE AWARE AND COMFORTABLE WITH THE DIRECTION  
4 WE'RE GOING.

5

6 **SUP. KNABE:** AND THE IMPACT, THE ADDITIONAL BEDS AT RANCHO, IS  
7 THAT ON TOP OF WHAT THEY'RE DOING ALREADY?

8

9 **DR. BRUCE CHERNOF:** YES, SUPERVISOR, IT IS.

10

11 **SUP. KNABE:** THANK YOU.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** SUPERVISOR ANTONOVICH AND THEN  
14 SUPERVISOR MOLINA.

15

16 **SUP. ANTONOVICH:** TO ONCE AGAIN COMMEND DR. CHERNOF AND BILL  
17 FUJIOKA FOR THEIR LEADERSHIP AND DIRECTION AND TAKING THE  
18 INITIATIVE TO BRING RELIEF TO AN AREA THAT WAS SO SORELY IN  
19 NEED OF THIS TYPE OF ACTION FOR SO LONG THAT IT'S NOW BEING  
20 DELIVERED. THIS IS AN OPPORTUNITY FOR AN AREA TO HAVE A  
21 SERVICE WHEN THEY GO TO A MEDICAL FACILITY TO KNOW THAT THEY  
22 WILL HAVE COMPETENT, PROFESSIONAL CARE AND TREATMENT, THE SAME  
23 THAT THEY WOULD RECEIVE IF THEY WENT TO OLIVE VIEW, U.S.C.  
24 MEDICAL CENTER, LOS AL AMIGOS, RANCHO THERE, HIGH DESERT,  
25 HARBOR U.C.L.A. GENERAL, ALL OF THE TOP, BE IT PUBLIC OR



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1 PRIVATE, ST. JOSEPH'S, HUNTINGTON AND OTHERS, THAT HAVE  
2 PROVIDED QUALITY CARE FOR OUR PEOPLE. SO THIS IS A OPPORTUNITY  
3 THAT WE CAN MOVE FORWARD TO RESTORE AND BRING FORWARD GOOD  
4 MEDICAL CARE TO AN AREA THAT REQUIRES IT AND WE APPRECIATE  
5 YOUR LEADERSHIP IN THAT DIRECTION. WHAT ARE WE DOING TO  
6 ENSURE, LIKE, THE SECURITY KNOWS HOW TO DIRECT PEOPLE AND TO  
7 QUESTIONS THAT MAY COME ABOUT AND THEY ARE THE FIRST CONTACT  
8 WITH THAT INDIVIDUAL PARTY OR FAMILY MEMBER WHEN THEY COME TO  
9 THAT FACILITY, THAT THEY'RE AWARE WHAT WE'RE DOING?

10

11 **DR. BRUCE CHERNOF:** SUPERVISOR, WE HAVE PUT TOGETHER A SET OF  
12 INFORMATION, TALKING POINTS FOR OUR COLLEAGUES IN O.P.S.  
13 O.P.S. IS SHARING THEM WITH THEIR STAFF AND WITH OUR CONTRACT  
14 STAFF. AS YOU KNOW, WE USE A CERTAIN AMOUNT OF CONTRACT STAFF  
15 TO PROVIDE SECURITY IN VARIOUS PLACES IN THE HOSPITAL. ONE OF  
16 THE THINGS I WAS LESS THAN PLEASED WITH IS OUR COMMUNICATIONS  
17 WEREN'T PERFECT ON FRIDAY BUT OUR ACTIONS ON FRIDAY WERE  
18 SUDDEN. WE NEEDED TO ACT SWIFTLY ON BEHALF OF PATIENT SAFETY.  
19 WE HAVE CLARIFIED WE'RE WORKING VERY CLOSELY WITH OUR  
20 COLLEAGUES IN O.P.S., SERGEANT YORK AND OTHERS, TO MAKE SURE  
21 THAT ALL SECURITY FOLKS, CONTRACT OR COUNTY, ON ALL SHIFTS  
22 HAVE THE SAME INFORMATION. I'M CONFIDENT WE'VE MADE THAT  
23 PROGRESS.

24





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1   **SUP. ANTONOVICH:** THE HOSPITAL WILL REIMBURSE EACH HOSPITAL  
2   \$1,950 FOR EACH IMPATIENT DAY. WHAT ABOUT WALK-IN PATIENTS?

3

4   **DR. BRUCE CHERNOF:** SUPERVISOR, AT THIS POINT, OUR PROPOSAL IS  
5   SPECIFICALLY TO COVER THE AMBULANCE TRAFFIC. WE REALLY HAVE NO  
6   IDEA HOW MUCH WALK-IN TRAFFIC THERE WILL BE. WE'RE PLANNING TO  
7   KEEP OUR URGENT CARE OPEN AND EXPECT TO SEE A SIGNIFICANT  
8   NUMBER OF PATIENTS IN OUR URGENT CARE BUT OUR FOCUS AT THIS  
9   POINT IS ONLY ON THE AMBULANCE TRANSFERS.

10

11   **SUP. ANTONOVICH:** WILL ANY OF THOSE INPATIENT COSTS BE  
12   REIMBURSED BY EITHER THE STATE OR FEDERAL GOVERNMENT?

13

14   **DR. BRUCE CHERNOF:** WHEN WE ADMIT SOMEBODY TO A PRIVATE  
15   HOSPITAL WHO WAS INITIALLY SEEN IN ONE OF OUR FACILITIES, IF  
16   THEY HAVE PRIVATE INSURANCE, THE PRIVATE INSURANCE WILL COVER  
17   IT. IF IT IS A MEDI-CAL ELIGIBLE OR MEDI-CAL INDIVIDUAL, MEDI-  
18   CAL WOULD BE THE PAYER SOURCE. FOR PATIENTS WITH NO FORM OF  
19   INSURANCE, THERE WOULD BE NO REIMBURSEMENT.

20

21   **SUP. ANTONOVICH:** SO THIS WOULD COME DIRECTLY OUT OF THE  
22   GENERAL FUND?

23

24   **DR. BRUCE CHERNOF:** COME OUT OF MY DEPARTMENT'S BUDGET,  
25   SUPERVISOR, YES.



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1

2 **SUP. ANTONOVICH:** GENERAL FUND?

3

4 **DR. BRUCE CHERNOF:** YES.

5

6 **SUP. ANTONOVICH:** AND WHAT IS THE ESTIMATE FOR THIS TRANSITION?

7 THIS COST? DO YOU HAVE AN ESTIMATE WHAT THIS WILL BE COSTING

8 THE GENERAL FUND?

9

10 **DR. BRUCE CHERNOF:** ALLAN, COULD YOU JOIN ME?

11

12 **SUP. YAROSLAVSKY, CHAIRMAN:** ALLAN, WHY DON'T YOU JUST STAY UP

13 THERE BECAUSE THERE WILL BE OTHER QUESTIONS.

14

15 **SUP. ANTONOVICH:** TAKE THE OTHER TWO CHAIRS ON THE OTHER SIDE.

16

17 **ALLAN WECKER:** WITH RESPECT TO THE WALK-IN PATIENTS,

18 SUPERVISOR, WE'RE OPERATING ON THE BASIC PREMISE THAT IT'S

19 DIFFICULT TO ASCERTAIN WHETHER OR NOT THAT PATIENT WAS GOING

20 TO THAT FACILITY AS A CONSEQUENCE OF CLOSING KING OR IF HE OR

21 SHE WOULD HAVE WENT THERE REGARDLESS OF THE STATUS OF KING-

22 HARBOR HOSPITAL. IT'S VERY, VERY DIFFICULT TO DETERMINE. SO,

23 YOU KNOW, THE INDIGENT CARE ISSUE IS NOT SPECIFIC TO JUST

24 KING, AS YOU KNOW, IT AFFECTS THE ENTIRE COUNTY IN EVERY

25 HEALTHCARE FACILITY IN THE COUNTY.



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1

2 **SUP. ANTONOVICH:** IMPACT ON THE GENERAL FUND?

3

4 **C.E.O. FUJIOKA:** WE'RE LOOKING ABOUT, ON AN ANNUAL BASIS, ABOUT  
5 \$16 MILLION, IT'S 3 MILLION FOR PHYSICIANS, 13 MILLION FOR  
6 HOSPITALS.

7

8 **SUP. ANTONOVICH:** SO THE 16.3 MILLION THAT YOU'RE GOING TO  
9 REIMBURSE THE PRIVATE HOSPITALS, HOW DID YOU DERIVE THAT  
10 NUMBER?

11

12 **C.E.O. FUJIOKA:** WE BASICALLY TOOK A ESTIMATE OF WHAT WE THINK  
13 THE TRAFFIC IS GOING TO BE TIMES THE RATE. THAT'S WHAT THE  
14 ANNUAL AMOUNTS ARE.

15

16 **SUP. ANTONOVICH:** HAVE ANY OF THOSE NINE MAJOR HOSPITALS SEEN  
17 ANY SIGNIFICANT INCREASE IN THEIR EMERGENCY ROOMS?

18

19 **DR. BRUCE CHERNOF:** SUPERVISOR, WE TRIED TO STAY IN CONTACT  
20 WITH THE IMPACTED HOSPITALS OVER THE WEEKEND. I THINK THAT  
21 THEY WOULD ALL SHARE WITH YOU THAT THEY HAD BUSY WEEKENDS BUT  
22 WE ACTUALLY HAVE A VERY STABLE WEEKEND OVERALL, GIVEN THE  
23 SUDDEN CHANGE THAT WE MADE.

24



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1   **SUP. ANTONOVICH:** AND WHAT TYPE OF STAFF IS REQUIRED FOR THE  
2   URGENT CARE FACILITY TO BE FULLY OPERATIONAL? AND DO YOU HAVE  
3   THAT NUMBER IN PLACE NOW?

4

5   **DR. BRUCE CHERNOF:** WE HAVE APPROPRIATE STAFF IN PLACE NOW TO  
6   RUN THE URGENT CARE.

7

8   **SUP. ANTONOVICH:** AND YOU'RE TALKING ABOUT A 16-HOUR FACILITY.  
9   WHEN WOULD YOU WANT TO EXPAND THAT TO A 23-HOUR OPERATION?  
10   WHAT TYPE OF PROGRESS OR NEED WOULD THE DEPARTMENT HAVE TO  
11   HAVE TO EVALUATE THAT DETERMINATION?

12

13   **DR. BRUCE CHERNOF:** I THINK, SUPERVISOR, WE NEED TO TAKE THE  
14   NEXT 90 TO 120 DAYS TO COMPLETE THE WORK, EVEN ONCE THE  
15   PATIENTS ARE GONE, COMPLETING KIND OF THE PHYSICAL PLANNED  
16   CLOSING OF THE INPATIENT SIDE. WE NEED TO LOOK AT  
17   REENGINEERING OF OUR OUTPATIENT CARE BECAUSE THAT'S ANOTHER  
18   VERY IMPORTANT PIECE OF THE PUZZLE AND BE PREPARED TO MAKE  
19   IMPORTANT CHANGES IN OUR OUTPATIENT CARE FOOTPRINT. AND THEN,  
20   AT THAT TIME, IT WOULD BE REASONABLE TO REVISIT WHETHER WE  
21   WANTED TO GO TO EXPANDED URGENT CARE.

22

23   **SUP. ANTONOVICH:** AND WHAT IS THE PROGRAM TO ENSURE THAT YOU  
24   HAVE BILINGUAL ABILITIES AT THE FACILITY TO MEET THOSE IN THE  
25   COMMUNITY WHO HAVE THE INABILITY TO SPEAK ENGLISH?



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1

2 **DR. BRUCE CHERNOF:** WELL, WE HAVE INDIVIDUALS WHO RECEIVE  
3 BILINGUAL BONUSES UNDER THE COUNTY'S HIRING PROGRAM AND WE  
4 HAVE INDIVIDUALS IN THE FACILITY AT ALL SHIFTS WHO SPEAK  
5 SPANISH AND OTHER LANGUAGES.

6

7 **SUP. ANTONOVICH:** WE'LL BE ABLE TO ENHANCE THAT.

8

9 **DR. BRUCE CHERNOF:** BUT THAT'S SOMETHING THAT WE NEED TO  
10 CONTINUE TO ENHANCE, YES.

11

12 **SUP. ANTONOVICH:** NOW, THE C.M.S. HAD CITED M.L.K. STAFF WHO  
13 WERE UNABLE TO LOCATE CRITICAL EQUIPMENT AND MEDICATIONS ON  
14 THE PEDIATRIC CART AND THEY WERE UNABLE TO CORRECTLY CALCULATE  
15 DOSAGE FOR PEDIATRIC PATIENTS, WHAT WILL HAPPEN TO THOSE STAFF  
16 MEMBERS?

17

18 **DR. BRUCE CHERNOF:** AGAIN, IN INSTANCES WHERE INDIVIDUALS WHO  
19 WERE APPROPRIATELY TRAINED WERE UNABLE TO DEMONSTRATE THE  
20 APPROPRIATE SKILLS, WE WILL NEED TO TAKE CORRECTIVE ACTIONS.  
21 AND THE CORRECTIVE ACTIONS WILL BE APPROPRIATE FOR WHAT THE  
22 INCIDENT WAS, WHAT'S IN THEIR PERSONNEL JACKET TODAY. SO WE'RE  
23 SERIOUS ABOUT MAKING SURE THAT THIS GROUP OF FOLKS HAS BEEN  
24 THOROUGHLY TESTED, THOROUGHLY TRAINED. AGAIN, MOST OF THE  
25 STAFF, SUPERVISOR, PERFORMED VERY WELL. THE INDIVIDUALS WHO



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1 COULD NOT DEMONSTRATE THEIR PERFORMANCE, THAT'S A REAL PROBLEM  
2 AND WE NEED TO TAKE THAT SERIOUSLY.

3

4 **SUP. ANTONOVICH:** DOES THE COUNTY HAVE ENOUGH CAPACITY TO  
5 ACCEPT LATERAL TRANSFERS?

6

7 **RODERICK SHANER:** IS THAT SPEAKING TO THE WORKFORCE REDUCTION  
8 PLAN?

9

10 **SUP. ANTONOVICH:** NO, NO. I'M TALKING ABOUT PATIENTS IN WHICH  
11 WE COULD TRANSFER PATIENTS FROM OUR FACILITY TO A PUBLIC  
12 HOSPITAL INSTEAD OF A PRIVATE HOSPITAL.

13

14 **DR. BRUCE CHERNOF:** YES.

15

16 **SUP. ANTONOVICH:** WE HAVE THAT ABILITY?

17

18 **DR. BRUCE CHERNOF:** YES.

19

20 **SUP. ANTONOVICH:** WHAT IS YOUR TIMEFRAME ON THE GENERAL FUND,  
21 PICKING UP THESE ADDITIONAL COSTS? ARE YOU LOOKING AT A 12-  
22 MONTH TIMEFRAME OF THIS \$16.3 MILLION OR ARE YOU LOOKING AT AN  
23 ONGOING APPROPRIATION?

24

25 **DR. BRUCE CHERNOF:** SUPERVISOR, 12 MONTHS.





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1

2 **SUP. ANTONOVICH:** SO, AT THE END OF 12 MONTHS, THERE'S NOT  
3 GOING TO BE A 24-MONTH...?

4

5 **DR. BRUCE CHERNOF:** SUPERVISOR, I THINK THE LINKED QUESTION IS  
6 WHEN WILL WE HAVE A HOSPITAL REOPENED IN THE COMMUNITY AND HOW  
7 QUICKLY CAN WE BRING BEDS UP? SO, AT THE END OF THE DAY,  
8 YOU'RE RIGHT, WE'RE ONLY MAKING A ONE-YEAR COMMITMENT FOR NOW.  
9 IF IT TAKES US A LITTLE MORE THAN ONE YEAR, IF IT TAKES US 15  
10 OR 16 MONTHS TO REOPEN A HOSPITAL, WE MIGHT NEED THOSE BEDS  
11 SLIGHTLY LONGER.

12

13 **SUP. ANTONOVICH:** AND YOU'RE LOOKING AT EITHER A PRIVATE  
14 MEDICAL FACILITY COMING IN TO OPERATE OR A CONTRACTED  
15 UNIVERSITY OF CALIFORNIA, LOS ANGELES OR UNIVERSITY OF  
16 SOUTHERN CALIFORNIA OR MIRA LOMA UNIVERSITY? I DON'T KNOW WHAT  
17 OTHER UNIVERSITIES WE HAVE IN THE AREA. THOSE ARE THE THREE  
18 MEDICAL SCHOOLS.

19

20 **DR. BRUCE CHERNOF:** SUPERVISOR, BASED ON THE ACTIONS OF THIS  
21 BOARD, WE HAVE RETAINED HAMMES AND COMPANY TO DEVELOP A  
22 REQUEST FOR SOLUTIONS, TO DO A REALLY THOROUGH ANALYSIS OF WHO  
23 MIGHT BE A APPROPRIATE PRIVATE PARTNER, WHETHER THAT BE AN  
24 ACADEMIC INSTITUTION OR A PRIVATE HOSPITAL OR HEALTHCARE  
25 SYSTEM AND WE EXPECT TO DO THAT EXPEDITIOUSLY OVER A COUPLE OF



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1 MONTHS. WE ARE LOOKING FOR CREATIVE SOLUTIONS. WE SHOULD BE  
2 OPEN TO IDEAS AND WE WILL BRING THOSE RESULTS BACK TO THIS  
3 BOARD. WE ARE ALSO PREPARING FOR THE CIRCUMSTANCE WHERE THERE  
4 MIGHT NOT BE A PRIVATE PARTNER. AND, IN THAT CIRCUMSTANCE, WE  
5 NEED TO REOPEN THIS AS A COUNTY HOSPITAL USING SOME VERY  
6 DIFFERENT MODEL. SO WE ARE PREPARED ON BOTH TRACKS.

7

8 **SUP. ANTONOVICH:** WHAT IS THE COST FOR THE GENERAL FUND TO  
9 REIMBURSE FOR THE PATIENTS IN THE ANTELOPE VALLEY WHO HAVE TO  
10 BE SENT TO ANOTHER FACILITY?

11

12 **ALLAN WECKER:** WE'LL HAVE TO GET BACK TO YOU.

13

14 **SUP. ANTONOVICH:** CAN YOU GET BACK ON THAT?

15

16 **ALLAN WECKER:** I'LL GET BACK TO YOU.

17

18 **SUP. ANTONOVICH:** IN THE ANTELOPE VALLEY, IS THAT AN ONGOING OR  
19 ARE YOU LOOKING AT, I GUESS, BUILDING A NEW FACILITY OR  
20 WHATEVER? I'M NOT QUITE SURE ON HOW YOU'RE HANDLING THAT ONE.

21

22 **DR. BRUCE CHERNOF:** SUPERVISOR, WE'D BE GLAD TO GET BACK TO YOU  
23 WITH MORE INFORMATION ABOUT ANTELOPE VALLEY.

24

25 **SUP. ANTONOVICH:** OKAY, THANK YOU.



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** SUPERVISOR MOLINA.

3

4 **SUP. MOLINA:** I AM NOT AS ENCOURAGED AS SOME OF MY COLLEAGUES  
5 ARE IN THIS SITUATION. I APPRECIATE THE CRISIS MANAGEMENT THAT  
6 YOU HANDLED FOR-- WHEN YOU RECEIVED THE INFORMATION ON FRIDAY  
7 AND THE EFFORT THAT YOU HAVE MADE TO CREATE ALL THE TRANSFERS  
8 AND TO CREATE AS SMOOTH AN OPERATION AS POSSIBLE. BUT, VERY  
9 FRANKLY, I AM EXCEEDINGLY DISAPPOINTED. THIS IS CERTAINLY NOT  
10 A RESOURCE PROBLEM. THIS IS NOT A MONEY PROBLEM. THERE'S NO  
11 DOUBT THAT C.M.S. IS TAKING AWAY OUR MONEY BUT THEY ALREADY  
12 HAD. THIS IS AN OUT AND OUT PEOPLE PROBLEM. [ SOUNDS OF  
13 AGREEMENT FROM THE AUDIENCE ]

14

15 **SUP. MOLINA:** THESE ARE PEOPLE WHO ARE, AS I HAVE BEEN TOLD,  
16 THE MOST TRAINED PERSONNEL IN ALL OF OUR COUNTY HOSPITALS.  
17 OVER AND OVER. MONEY WAS PUT IN TO TRAIN THEM, TO RETRAIN  
18 THEM, TO RE-SUPERVISE THEM, TO DO ALL OF THESE THINGS. AND  
19 WHEN I READ THROUGH THESE PAGES OF DEFICIENCIES, I AM SO  
20 DISAPPOINTED. I AM SO DISCOURAGED. I MEAN, I'M NOT EVEN  
21 WILLING TO SAY MOST OF OUR STAFF PERFORMED ADMIRABLY BECAUSE,  
22 WHEN YOU SEE THESE THINGS, EVEN IF IT WASN'T THE PERSON WHO  
23 DID THE WRONG, IT'S THE FACT THAT ALL THESE THINGS WERE AROUND  
24 THEM AND THEY DIDN'T SEE THE WRONG AND HELP TO CORRECT. NO  
25 DIFFERENT THAN THAT CUSTODIAN WHO SWEEPED AROUND MR. RODRIGUEZ



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1 AND THEN LATER ON, ALL THOSE PEOPLE THAT WALKED THROUGH MS.  
2 RODRIGUEZ, THEY WERE JUST AS MUCH AT FAULT AS THE NURSE WHO  
3 DECIDED TO NEGLECT HER. SO, DR. CHERNOF, THIS IS A MAJOR  
4 PERSONNEL PROBLEM AND ONE THING I KNOW IS THAT WE NEED TO GO  
5 THROUGH THIS AND FIND OUT NOT EVERY SINGLE PERSON AT FAULT BUT  
6 EVERY SINGLE PERSON. YOU'RE TELLING ME THERE ARE 1,500, 1,600  
7 PEOPLE THERE. I WOULD LOVE THEM TO ALL COME AND FILL THIS ROOM  
8 BECAUSE I'D LIKE TO LEAVE THEM THE SAME MESSAGE. I HAVE NO  
9 INTENTION OF ALLOWING ONE OF THOSE INDIVIDUALS TO MOVE  
10 ANYWHERE WITHIN OUR COUNTY SYSTEM UNTIL THEY'RE HELD  
11 ACCOUNTABLE FOR THIS DEFICIENCY AND THIS FAILURE AND IF THEY  
12 NEED TO HEAR IT FROM ME, THEY CAN COME HERE TOMORROW OR  
13 WHENEVER THEY WOULD LIKE BECAUSE I AM TROUBLED BY THIS. THIS  
14 IS NOT ANYTHING-- THERE'S NO DOUBT WE CAN ALL HAVE TO MOVE  
15 FORWARD BUT YOU CAN MAKE THE BIGGEST MISTAKE IN THE WORLD BY  
16 MOVING FORWARD AND NOT LOOKING BACKWARD AT WHAT YOU DID WRONG.  
17 YOU WILL MAKE THE SAME MISTAKE AGAIN. AND-- OR TO JUST  
18 TRANSFER THESE PEOPLE AND LET THEM FILTER TO OTHER HOSPITALS  
19 AND HOPE THAT, YOU KNOW, THEY'LL HANDLE THEM THERE. THEN WE'RE  
20 GOING TO HAVE INCIDENTS LIKE MS. RODRIGUEZ OR OTHERS GOING ON  
21 AND ON IN OUR OTHER OTHER HOSPITALS. WE CAN'T ALLOW WHAT HAS  
22 HAPPENED AND THE KIND OF POISON THAT WE'VE HAD AT MARTIN  
23 LUTHER KING HOSPITAL POISON THE REST OF OUR HEALTHCARE SYSTEM.  
24 I KNOW THAT'S HARSH AND I KNOW THAT'S TOUGH BUT SOMEBODY'S GOT  
25 TO SAY IT. IT HAS TO BE SAID. IT IS CLEARLY A PERSONNEL



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1 PROBLEM, WHETHER IT BE AT THE VERY TOP OR THE VERY BOTTOM.  
2 EVERY SINGLE PERSON-- THE 1,500, THE 1,600, THEY NEED TO BE  
3 EVALUATED. I AM VERY NERVOUS, I JUST SAID IN SPANISH THAT,  
4 WHAT YOU HAD SAID, THAT PEOPLE SHOULD GO INTO OUR URGENT CARE  
5 FACILITY. WELL, THEY NEED ASSURANCES, AS WELL, THAT SOME OF  
6 THE VERY PEOPLE WHO WEREN'T PROVIDING CARE AT THE HOSPITAL ARE  
7 NOT OVER AT THE URGENT CARE FACILITY. NOW, I DON'T BUY INTO  
8 THAT WE'RE GOING TO GO THROUGH THIS AND FIND OUT WHO IS THE  
9 PERSON. I THINK EVERY SINGLE, WHETHER IT BE 1,500 OR 1,600  
10 HAVE TO BE EVALUATED FOR THEIR ABILITY TO PROVIDE SAFETY AND  
11 CARE FOR THE REST OF THE PATIENTS AND I DON'T THINK THEY  
12 SHOULD BE TRANSFERRED, AT ALL. AND I WANT TO KNOW WHAT THEY'RE  
13 DOING TODAY SINCE THEY'RE NOT WORKING.

14

15 **ALLAN WECKER:** WITH RESPECT TO THE INDIVIDUALS THAT WERE MOVED  
16 FROM KING-HARBOR HOSPITAL, THERE'S A COMMITMENT-- AND WE'VE  
17 TALKED AMONGST OUR TWO DEPARTMENTS, D.H.S. AND THE C.E.O.'S  
18 OFFICE, THAT, BEFORE THEY ARE MOVED TO ANY OTHER FACILITY, WE  
19 WILL TEST THE COMPETENCIES. BEFORE THEY START TO WORK AT A  
20 SPECIFIC UNIT WITHIN A FACILITY, THEY WILL GO THROUGH THE  
21 REQUIRED TRAINING AND ORIENTATION BECAUSE YOU JUST CAN'T-- AND  
22 WE WON'T PUT A CLINICAL PERSON IN A NEW ASSIGNMENT UNLESS THEY  
23 GO THROUGH THAT TRAINING AND ORIENTATION BUT THEIR  
24 COMPETENCIES WILL BE TESTED.

25



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1    **SUP. MOLINA:** AND IF THEY DON'T PASS, WILL YOU FIRE THEM?

2

3    **C.E.O. FUJIOKA:** I CAN'T SPEAK IN ABSOLUTE TERMS ABOUT-- I  
4    CAN'T SPEAK IN ABSOLUTE TERMS ABOUT THAT BECAUSE I DON'T WANT  
5    TO SPEAK IN GENERAL TERMS. IN SPECIFIC CASES, IT MAY WARRANT A  
6    VERY SEVERE ACTION BUT, ONCE WE GET INTO THOSE VERY SPECIFIC  
7    ACTIONS, THEN WE'RE DEALING WITH PERSONNEL ISSUES AND WE  
8    SHOULD DO THAT-- NOT IN OPEN SESSION BECAUSE WE'RE DEALING  
9    WITH INDIVIDUALS BUT WE WILL ABSOLUTELY...

10

11   **SUP. MOLINA:** BUT MR. FUJIOKA, LET ME UNDERSTAND THAT. IF  
12   YOU'RE TO TRAIN TO DO A JOB, I'M HIRING A PERSON TO DO THIS  
13   JOB, WHETHER IT BE A PHYSICIAN, A NURSE OR A CLERICAL OR A  
14   CUSTODIAN. THIS IS MY JOB. AND IF I CAN'T TEST TO MEET THAT  
15   STANDARD, WHY DO I, AS A COUNTY OFFICIAL, HAVE A  
16   RESPONSIBILITY TO THAT EMPLOYEE TO KEEP THEM EMPLOYED? WHY?

17

18   **C.E.O. FUJIOKA:** I AGREE WITH YOU. I'M SAYING RIGHT NOW, TODAY,  
19   IF I WAS TO TALK ABOUT SPECIFIC INDIVIDUALS, IT WOULD BE  
20   DIFFICULT FOR ME TO SAY THAT BILL FUJIOKA, I WOULD.

21

22   **SUP. MOLINA:** BUT I'M TALKING ABOUT SPECIFICS. I'M TALKING  
23   ABOUT 1,600 EMPLOYEES.

24





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1   **C.E.O. FUJIOKA:** YES. AND WE WILL GO THROUGH THE 1,600  
2   EMPLOYEES AND ENSURE THAT THEY HAVE THE COMPETENCIES TO DO THE  
3   JOB BEFORE THEY ARE MOVED FROM KING-HARBOR...

4

5   **SUP. MOLINA:** AND IF THEY DON'T, WHAT WILL YOU DO?

6

7   **C.E.O. FUJIOKA:** AND WE'LL LOOK AT THAT ON A INDIVIDUAL BASIS.  
8   IT MAY BE NECESSARY TO INITIATE DISCHARGE PROCEEDINGS BUT  
9   THERE MIGHT BE OTHER FORMS OF DISCIPLINE THAT WE'LL INITIATED.  
10   IT DEPENDS ON THE SEVERITY OF THE SITUATION. IF WE LOOK AT  
11   SOMEONE WHO'S GROSSLY INCOMPETENT, I WOULD AGREE WITH YOU. IF  
12   WE'RE LOOKING AT SOMEONE THAT COULD BE REMEDIATED, THAT COULD  
13   BE-- WITH TRAINING, THAT COULD CONTINUE TO PERFORM AS A  
14   COMPETENT EMPLOYEE, A DIFFERENT ACTION WOULD BE TAKEN.

15

16   **SUP. MOLINA:** SO WHAT ARE THEY DOING RIGHT NOW SINCE THEY'RE  
17   NOT WORKING? ARE WE PAYING THEM?

18

19   **C.E.O. FUJIOKA:** WE HAVE INDIVIDUALS ON THE URGENT CARE  
20   OUTPATIENT SIDE WHO ARE WORKING. WE STILL HAVE PATIENTS...

21

22   **SUP. MOLINA:** AND YOU DON'T KNOW HOW MANY OF THOSE 1,600 THERE  
23   ARE?

24



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1   **C.E.O. FUJIOKA:** IN THE OUTPATIENT URGENT CARE, THERE'S A  
2   LITTLE OVER 800 RIGHT NOW. WE HAVE A NUMBER OF INDIVIDUALS OF  
3   THAT 1,600 WHO ARE OFF WORK RIGHT NOW, AS WE HAVE AT ANY OTHER  
4   FACILITY. THEY MAY BE OFF ON A WORKER'S COMP. INJURY OR THEY  
5   MAY BE OFF ON EXTENDED LEAVE. WE HAVE SOME INDIVIDUALS WHO,  
6   ALTHOUGH THE EMERGENCY ROOM IS CLOSED AND THE INPATIENT  
7   SERVICES ARE BEING DOWNSIZED, WE STILL HAVE PATIENTS, THE  
8   INPATIENT SIDE SO THOSE INDIVIDUALS ARE WORKING RIGHT NOW AS  
9   WE SPEAK. IF, ONCE WE GET THIS PLAN IN PLACE, IT'S OUR INTENT  
10  TO START MOVING PEOPLE OUT BECAUSE WE DO NEED TO STAFF THE NEW  
11  BEDS AT RANCHO AND HARBOR AND SO PEOPLE WOULD HAVE TO GO TO  
12  THOSE FACILITIES BUT WILL NEED TO GO THROUGH THE TESTING AND  
13  THE TRAINING...

14

15  **SUP. MOLINA:** SO WHAT IS YOUR TIMEFRAME? WHAT DO YOU THINK--  
16  HOW LONG DO YOU THINK THAT WILL TAKE?

17

18  **C.E.O. FUJIOKA:** IF WE PASS IT TODAY, WE WOULD LIKE-- WE SHOULD  
19  BE ABLE TO DO IT BY MID-SEPTEMBER BUT THAT'S-- THERE'S A HUGE--  
20  - IT'S PREDICATED ON REACHING AN AGREEMENT WITH OUR LABOR  
21  GROUPS ON AN APPROPRIATE REASSIGNMENT PLAN AND WITH OUR  
22  WORKFORCE REDUCTION PLAN. THAT'S SOMETHING WE HAVE TO  
23  NEGOTIATE WITH LABOR. AND WE DO INTEND TO SIT DOWN WITH LABOR  
24  THIS WEEK AND TALK TO THEM ABOUT AN ORDERLY PLAN.

25



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1    **SUP. MOLINA:** WELL, AGAIN, I WOULD RATHER BE IN VIOLATION OF  
2    THAT THAN TRYING TO PUT-- JUST BECAUSE WE HAVE TO GO THROUGH A  
3    PROCESS, THAT PUTTING PEOPLE IN A HOSPITAL BED AT RANCHO LOS  
4    AMIGOS WITH THE SAME PERSONNEL THAT HAS NOT BEEN EVALUATED,  
5    TESTED. I THINK THAT'S A LABOR ISSUE THAT WE SHOULD BE ABLE TO  
6    RESOLVE WITH SOME KIND OF AN URGENCY OR EMERGENCY CLAUSE,  
7    INSTEAD OF TRYING TO PUT SOMEBODY THERE AND OPEN UP A BED AT  
8    RANCHO THAT IS ILL EQUIPPED TO TAKE CARE OF THAT PATIENT.

9

10   **C.E.O. FUJIOKA:** MAYBE I MISSPOKE. BEFORE WE MOVE ANYONE INTO  
11   ANOTHER D.H.S. FACILITY, THAT PERSON WILL BE TESTED TO ENSURE  
12   THEY'RE COMPETENT TO PERFORM THAT DUTY.

13

14   **SUP. MOLINA:** AND, IF THEY ARE NOT COMPETENT, THEY WILL NOT  
15   TRANSFER TO THAT OTHER FACILITY?

16

17   **C.E.O. FUJIOKA:** THEY WILL NOT. THEY WILL NOT.

18

19   **SUP. KNABE:** BUT IS IT PLACEMENT OR IS IT CASCADING?

20

21   **C.E.O. FUJIOKA:** RIGHT NOW, IT'S PLACEMENT...

22

23   **SUP. YAROSLAVSKY, CHAIRMAN:** WHAT'S GOING TO HAPPEN TO THEM?  
24   WHAT IF THEY DON'T FIRE THEM?

25



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1   **C.E.O. FUJIOKA:** ...AS WE SPEAK. FOR THE CLINICAL EMPLOYEES,  
2   WE'RE GOING TO ASK TO BE ABLE TO PLACE THOSE INDIVIDUALS  
3   BECAUSE THIS IS NOT A CASCADE. THIS IS A REASSIGNMENT AND IT'S  
4   A TRANSFER FROM ONE D.H.S. FACILITY TO ANOTHER.

5

6   **SUP. MOLINA:** ALL RIGHT. SO WE NEED THOSE ASSURANCES AS QUICKLY  
7   AS POSSIBLE. I'D LIKE TO GET THAT RESPONSE FROM YOU IN  
8   WRITING.

9

10   **C.E.O. FUJIOKA:** YES.

11

12   **SUP. MOLINA:** I WANT ALSO, THERE ARE DOCS HERE THAT REALLY  
13   CREATED SOME CRITICAL PROBLEMS FOR US, AS WELL. EVERYBODY IS  
14   ALWAYS SAYING IT'S A NURSING PROBLEM BUT THERE ARE DOCS HERE  
15   AT PHARMACY AND OTHER KINDS OF ISSUES HERE THAT ARE VERY  
16   TROUBLING, AS WELL, AND YOU NEED TO LET US KNOW THAT THOSE  
17   PEOPLE ARE NOT GOING TO GO ANYWHERE, PARTICULARLY IF THEY'RE A  
18   CONTRACT. I MEAN, AS IT IS, YOU KNOW, YOU'RE ASKING US FOR A  
19   DELEGATED AUTHORITY ON THE CONTRACT, WHICH I'M NOT PREPARED TO  
20   DO AT THIS POINT IN TIME, BUT I'M VERY CONCERNED ABOUT THOSE  
21   DOCTORS. AND SINCE WE TAKE CARE OF THEIR LIABILITY, I'M VERY  
22   CONCERNED ABOUT THEIR ABILITY TO PROVIDE THE QUALITY OF  
23   PATIENT CARE THAT WE NEED. BUT LET'S SAY YOU'RE GOING TO FIX  
24   ALL OF THAT. LET'S SAY WE'RE GOING TO DO ALL OF THIS. RIGHT  
25   NOW, WE HAVE AN URGENT CARE THAT'S OPERATING. WE HAVE SOME



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1 OUTPATIENT SERVICES THAT ARE GOING ON FROM 8 TO MIDNIGHT, ET  
2 CETERA. YOU'RE GOING TO TRANSFER AMBULANCES, WE'RE GOING TO  
3 TRY AND CREATE A PAYMENT PLAN FOR ALL OF THE SURROUNDING  
4 HOSPITALS FOR THE INDIGENT PATIENTS. BUT WHAT ABOUT THE  
5 HOSPITAL ITSELF? IT'S MY UNDERSTANDING YOU'RE GOING TO  
6 SURRENDER THE LICENSE, IS THAT CORRECT?

7

8 **DR. BRUCE CHERNOF:** WE'RE GOING TO NOT SURRENDER, SUPERVISOR.  
9 VOLUNTARY SUSPEND THE LICENSE.

10

11 **SUP. MOLINA:** WHICH MEANS THAT WE STILL HOLD IT BUT IT'S IN  
12 SUSPENSION?

13

14 **DR. BRUCE CHERNOF:** CORRECT.

15

16 **SUP. MOLINA:** THAT MEANS THAT WE COULD-- ONCE WE FIND A  
17 PARTNER, WE CAN GIVE IT TO THEM FOR OPENING THE HOSPITAL AND  
18 IT WON'T TRIGGER ALL OF THOSE OTHER ISSUES YOU HAD TALKED  
19 ABOUT IN THE PAST, IS THAT CORRECT?

20

21 **DR. BRUCE CHERNOF:** THAT IS CORRECT.

22

23 **SUP. MOLINA:** NOW, WITH REGARD TO THAT PART OF IT, WE'RE GOING  
24 TO HAVE TO HAVE A VERY, VERY SPECIFIC PLAN AS TO HOW THAT'S  
25 GOING TO HAPPEN AND HOW LONG IT'S GOING TO TAKE. IF YOU WERE



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1 TO GIVE ME A BALL-- LET'S SAY WE HAD A PARTNER THAT WE WERE  
2 LOOKING AT NOW. WHAT KIND OF A TIMEFRAME WOULD YOU BE TALKING  
3 ABOUT, AS FAR AS REOPENING MARTIN LUTHER KING HOSPITAL?

4

5 **DR. BRUCE CHERNOF:** SUPERVISOR, THE GUIDANCE THAT WE RECEIVED  
6 FROM HAMMES AND COMPANY IS THAT IT COULD TAKE 12 TO 15 MONTHS.  
7 AND WE THINK IT COULD EVEN TAKE A LITTLE LONGER THAN THAT. SO,  
8 IN THE DOCUMENT I PRESENTED TO YOU, IT SAYS UP TO 18 MONTHS.

9

10 **SUP. MOLINA:** BUT WHY? WHY WOULD IT TAKE THAT LONG? WHAT IF WE  
11 HAD A WILLING PARTNER THAT COULD GO IN THERE QUICKER?

12

13 **DR. BRUCE CHERNOF:** IT COULD CERTAINLY BE DONE MORE QUICKLY IF  
14 THERE WAS A WILLING PARTNER.

15

16 **SUP. MOLINA:** BUT WHY WOULD IT TAKE THAT LONG? I NEED TO  
17 UNDERSTAND WHY.

18

19 **DR. BRUCE CHERNOF:** TWO THINGS.

20

21 **SUP. MOLINA:** YOU'RE GETTING RID OF ALL THE PERSONNEL. THERE'S  
22 A EMPTY BUILDING HERE WITH ALL OF THIS EQUIPMENT AND  
23 EVERYTHING ELSE. WHY-- BECAUSE IT'S A PEOPLE PROBLEM. SOME  
24 FACILITY PROBLEM. WHY WOULD IT TAKE THAT LONG?

25





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The Los Angeles County Board of Supervisors**

1 **DR. BRUCE CHERNOF:** TWO THINGS, SUPERVISOR. ONE, THIS WOULD BE  
2 A VERY COMPLICATED CONTRACT TO NEGOTIATE AND JUST THE  
3 NEGOTIATIONS THEMSELVES WOULD TAKE MONTHS, LIKELY. TWO, THE  
4 PRIVATE HOSPITAL WOULD HAVE TO STAFF FROM SCRATCH. THEY WOULD  
5 NEED ENOUGH CORE STAFF TO BE ABLE TO REOPEN THE HOSPITAL. THAT  
6 IS A SIGNIFICANT NUMBER OF F.T.E. AND THEY WILL NOT OPEN UNTIL  
7 THEY GET TO THAT POINT. SO THOSE TWO ELEMENTS, ONE, GETTING TO  
8 A COMPLETED INKED AGREEMENT APPROVED BY YOUR BOARD AND THEN  
9 THE PROCESS OF STARTING FROM ZERO STAFF TO WHATEVER IS THE  
10 MINIMUM STAFFING NECESSARY TO OPEN A LIMITED UNIT WOULD TAKE  
11 THAT AMOUNT OF TIME.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. WE'LL COME BACK TO YOU.

14

15 **C.E.O. FUJIOKA:** CAN I MAKE ONE REAL QUICK COMMENT, SIR?

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** SURE.

18

19 **C.E.O. FUJIOKA:** THERE WAS A QUESTION REGARDING THE STAFF WHO  
20 ARE STILL THERE IN THAT URGENT CARE. I ALSO READ THE SAME  
21 REPORT. I ALSO SAW THE SAME ISSUES AND WE'VE TALKED. WE  
22 RECOGNIZE THE IMPORTANCE TO GO BACK AND TEST THESE INDIVIDUALS  
23 AGAIN, EVERYONE WHO-- NOT ONLY THOSE WHO ARE MOVING BUT THOSE  
24 WHO ARE STAYING AT THE FACILITY SO THAT WILL BE INITIATED.

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. I HAVE A FEW AREAS THAT I  
2    WANT TO ZERO IN ON AND ONE OF THEM I JUST WANT TO PIGGYBACK ON  
3    SUPERVISOR MOLINA'S LAST COMMENTS. I'M GOING TO BE FOCUSED  
4    LIKE A LASER BEAM ON THIS EMPLOYEE SITUATION BECAUSE THE LAST  
5    TIME AROUND WHEN WE HAD THIS-- THE LAST CRISIS AND WE  
6    DOWNSIZED AND WE DID ALL THOSE OTHER THINGS, MANY OF US WERE  
7    UNDER THE IMPRESSION THAT THERE WAS GOING TO BE SOME KIND OF A  
8    DOWNSIZING OF THE PERSONNEL AND THERE WAS A DIMINIMUS  
9    DOWNSIZING OF THE PERSONNEL. WE ARE RUNNING A 47-BED HOSPITAL  
10    TODAY OR LAST WEEK, WITH 1,600 EMPLOYEES. I WAS AT ST. FRANCIS  
11    AS WELL AS KING ON SATURDAY. ST. FRANCIS HAS 2,000 EMPLOYEES  
12    FOR 330 OR 380 BEDS, I FORGET THE NUMBER OF BEDS, WELL OVER  
13    300 BEDS, 2,300 INCLUDING THEIR PHYSICIANS ON CONTRACT. WE  
14    HAVE 1,600 FOR 47 PATIENTS. EVEN COMPARED TO WHAT WE HAVE AT  
15    HARBOR, WHICH IS A 300-BED ROUGH GIVE OR TAKE HOSPITAL, THE  
16    EMPLOYEE RATE TO PATIENT RATIO IS A FRACTION OF WHAT IT IS  
17    HERE. SO THERE HAS GOT TO BE, ON TWO FRONTS, ONE ON COMMON  
18    SENSE STAFF TO PATIENT RATIO AND THEN, SECONDLY, THE ISSUE OF  
19    THE COMPETENCE OF THE PERSONNEL. THERE HAS TO BE A ZEROING IN  
20    ON EACH AND EVERY ONE OF THOSE EMPLOYEES. YOU'VE GOT A LOT OF  
21    GOOD ONES, A LOT OF GOOD ONES, BUT YOU CAN'T ASSUME THAT 99%  
22    OF THEM ARE GOOD AND THAT ONLY 1% OF THEM GOT YOU INTO THIS  
23    MESS AND THE PROBLEM ISN'T JUST AT THE WORKER BEE LEVEL. AT  
24    SOME POINT, SINCE WE ARE ALL HELD ACCOUNTABLE, AND RIGHTLY SO,  
25    AT SOME POINT, YOU HAVE TO ASK THE NURSE WHO COULDN'T ADD OR



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1 COMPUTE THE DOSAGE FOR THE PEDIATRIC PATIENT, WHERE WAS HER  
2 SUPERVISOR? WHERE WAS THE ACCOUNTABILITY BETWEEN HER  
3 SUPERVISOR AND THE NURSE? AND THEN UP THE CHAIN OF COMMAND.  
4 IT'S SYSTEMIC. THIS IS WHAT OUR CONSULTANTS TOLD US 3-1/2  
5 YEARS AGO, IT'S SYSTEMIC. AND WHAT'S DISAPPOINTING ABOUT THIS  
6 IS, WHILE WE'VE MADE PROGRESS, AND I BELIEVE WE HAVE, BASED ON  
7 WHAT I KNOW AS A LAYMEN, WHAT I CAN SEE AS A LAYMEN, I'M NOT  
8 AN EXPERT, I'M NOT A DOCTOR, WHAT IS DISAPPOINTING IS, AFTER  
9 3-1/2 YEARS OF THIS INTENSE EFFORT TO TURN THE HOSPITAL  
10 AROUND, THAT WE STILL, ON THE EVE OF THE INSPECTION BY C.M.S.,  
11 WE STILL HAD A WOMAN LYING AND DYING ON THE FLOOR FOR 37  
12 MINUTES. WE STILL HAD SOMEBODY WHO WAS ABLE TO GET-- A  
13 PSYCHIATRIC PATIENT WHO WAS ABLE TO GET A SCALPEL. WHATEVER  
14 THOSE ISSUES ARE AND I THINK WE'RE PAYING A-- SO, ANYWAY,  
15 WE'RE GOING TO ZERO IN ON THOSE PERSONNEL AND, MR. FUJIOKA AND  
16 DR. CHERNOF, WHEN WE GET TO THE CLOSING PART OF THIS MEETING  
17 TODAY, I WANT TO FORMALIZE THAT YOU PROVIDE US, ALONG WITH  
18 EVERYTHING ELSE, A DETAILED REPORT ON A WEEKLY BASIS ON WHAT'S  
19 BEING DONE WITH EVERY ONE OF THE EMPLOYEES. I WANT TO KNOW, WE  
20 WANT TO KNOW HOW MANY OF THEM ARE BEING REASSIGNED, ON WHAT  
21 TERMS, THOSE THAT AREN'T BEING REASSIGNED BECAUSE THEY  
22 COULDN'T PASS A COMPETENCY TEST, WHAT ARE YOU GOING TO DO WITH  
23 THEM? YOU'RE CERTAINLY NOT GOING TO LEAVE THEM IN THE URGENT  
24 CARE. YOU'RE NOT GOING TO HOLD THE COMMUNITY OF SOUTH CENTRAL  
25 HOSTAGE TO INCOMPETENCE. SO WHAT ARE YOU GOING TO DO WITH



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1    THEM? AND, FRANKLY, SOMEBODY WHO CAN'T PASS A COMPETENCE TEST  
2    AFTER THEY HAVE ALL BEEN TRAINED, WHICH THEY HAVE, SHOULDN'T  
3    BE WORKING FOR US. WE ARE NOT THE EMPLOYER OF LAST RESORT. [  
4    APPLAUSE ]

5

6    **SUP. YAROSLAVSKY, CHAIRMAN:** SO I'M FOCUSED ON THAT AND I WANT  
7    YOU TO SEGREGATE OUT, IN ALL OF YOUR REPORTS, I DON'T WANT TO  
8    HAVE TO EXTRAPOLATE, INTERPOLATE, HAVE MY STAFF GO WITH THEIR  
9    SLIDE RULES TRYING TO FIGURE OUT WHAT HAPPENED TO ALL OUR  
10   EMPLOYEES, I WANT YOU TO FIX THIS, TO GIVE IT TO US UP FRONT.

11

12   **C.E.O. FUJIOKA:** WE'LL DO THAT.

13

14   **SUP. YAROSLAVSKY, CHAIRMAN:** SECONDLY...

15

16   **SUP. KNABE:** AND ALSO WHERE THEY GO.

17

18   **SUP. YAROSLAVSKY, CHAIRMAN:** WHERE THEY GO AND, IF THEY DON'T  
19   GO ANYWHERE, WHAT HAPPENED TO THEM? DID THEY GET FIRED? ARE  
20   THEY SITTING AROUND-- YOU KNOW, I DON'T NEED TO REPEAT. I WANT  
21   TO GO TO MR. WECKER. I DON'T UNDERSTAND SOMETHING. IN YOUR  
22   REPORT-- IN DR. CHERNOF'S REPORT, WELL, IN YOUR COMMENTS A  
23   MINUTE AGO, YOU SAID THAT \$27 MILLION WILL FLOW-- IS THIS--  
24   WILL FLOW TO OTHER COUNTY HOSPITALS AND THE BALANCE WILL BE  
25   REDISTRIBUTED STATEWIDE TO ALL THE OTHER HOSPITALS IN THE



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1 STATE. IS THAT 27 MILLION OUT OF THE 200 MILLION THAT WE GET  
2 FROM THE-- THAT WE WERE GETTING FROM THE C.M.S. CONTRACT?

3

4 **ALLAN WECKER:** YES, IT WAS.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** SO ARE YOU SAYING THAT, OF THE 200  
7 MILLION THAT WE WERE GETTING, THE 173 MILLION-- WELL, 153  
8 MILLION IS GOING TO BE DISTRIBUTED TO ENTITIES OTHER THAN THE  
9 COUNTY?

10

11 **ALLAN WECKER:** WELL, YOU GOT TO REMEMBER ON THE FEDERAL FUNDS,  
12 IT MAKES UP BOTH MEDI-CAL AND THE MEDICARE PORTION OF IT. THE  
13 BIG PART OF OURS IS THE MEDI-CAL AND IT'S ABOUT \$143 MILLION  
14 THAT ARE KEY TO THE MEDI-CAL PART OF IT AND BASICALLY \$27  
15 MILLION WILL BE GOING TO OUR FOUR OTHER HOSPITALS THROUGH THE  
16 D.S.H. PROGRAM AND WE EXPECT ANOTHER 3 OR \$4 MILLION WHEN  
17 MEDI-CAL PATIENTS COME TO OUR HOSPITALS, THEY'LL GET PAYMENT.  
18 SO WE'RE LOOKING ABOUT...

19

20 **SUP. YAROSLAVSKY, CHAIRMAN:** I DON'T WANT TO GET INTO THE MICRO  
21 DETAILS. I JUST WANT A MACRO DETAIL HERE. OF THE \$200 MILLION  
22 THAT WE HAVE BEEN GETTING IN THE C.M.S. CONTRACT, ARE WE NOT  
23 GOING TO SEE 153 MILLION OF IT?

24

25 **ALLAN WECKER:** WE WILL NOT.



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** WHY WAS I UNDER THE IMPRESSION,  
3 FROM THE DISCUSSION WE HAD EARLIER, THAT THE MONEY WILL FOLLOW  
4 THE PATIENT? THAT, IF WE HAVE TO PUT THEM IN RANCHO OR L.A.  
5 COUNTY U.S.C. OR IN OLIVE VIEW, THAT THE MONEY WOULD FOLLOW  
6 THEM?

7

8 **ALLAN WECKER:** WELL, OKAY, LET ME CLARIFY SOMETHING AND,  
9 BASICALLY, THIS ON THE-- LET ME GO TO THE PROGRAM. THIS IS ON  
10 THE D.S.H. PROGRAM SO WE WILL LOSE ABOUT A LITTLE OVER \$120  
11 MILLION ON BASICALLY MEDI-CAL REDESIGN. WE WILL PICK UP  
12 ADDITIONAL REVENUES WHEN MARTIN LUTHER KING BECOMES A M.A.C.C.  
13 HOSPITAL. OR M.A.C.C. CLINIC AND THEY'LL PROBABLY PICK UP  
14 PROBABLY, LIKE, ANOTHER 20 OR \$30 MILLION. SO WHAT HAPPENS IS  
15 IT'S NOT-- WHEN YOU BASICALLY DOWNSIZE FROM A HOSPITAL TO A  
16 CLINIC, YOU PICK UP A DIFFERENT REVENUE SOURCE. FOR M.L.K. AS  
17 A CLINIC, WHAT WE EXPECT IS THEY WILL NOW HAVE COST-BASED  
18 REIMBURSEMENT PAYMENTS INSTEAD OF HOSPITAL-BASED PAYMENTS.  
19 THESE ADDITIONAL COST-BASED PAYMENTS THAT WE'RE LOOKING AT, WE  
20 SHOULD BE PICKING IN ABOUT 50 TO \$60 MILLION. SO WHEN THEY  
21 OPEN UP AS A M.A.C.C., WE'RE GOING TO PICK UP ADDITIONAL MONEY  
22 THERE SO YOU'LL SEE...

23

24 **SUP. YAROSLAVSKY, CHAIRMAN:** ROUGHLY HOW MUCH?

25



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1   **ALLAN WECKER:** THEY SHOULD PICK UP ABOUT 50 OR \$60 MILLION WHEN  
2   WE BASICALLY CLOSE THEM AS A HOSPITAL AND OPEN THEM UP AT A  
3   M.A.C.C.

4

5   **SUP. YAROSLAVSKY, CHAIRMAN:** AND THEN, WHEN WE REOPEN IT AS A  
6   HOSPITAL, IF IT'S A YEAR OR 18 MONTHS, WHENEVER IT IS, WHEN WE  
7   REOPEN IT AS A HOSPITAL, WILL WE HAVE TO FIGHT TO GET THE  
8   MONEY BACK?

9

10   **ALLAN WECKER:** NO, WE'LL BASICALLY-- WE'LL BE ABLE TO GO BACK--  
11   IT DEPENDS ON WHO PURCHASES THEM. IF THEY'RE A PRIVATE SECTOR,  
12   THEY'RE UNDER A DIFFERENT PAYMENT SYSTEM. IF THEY ARE EITHER  
13   RUN BY A COUNTY GOVERNMENT OR A U.C. SYSTEM, THEY WILL BE BACK  
14   INTO THE CURRENT PAYMENT SYSTEM WHERE THEY'LL BE AVAILABLE TO  
15   GET THE SAME FUNDING MECHANISMS.

16

17   **SUP. YAROSLAVSKY, CHAIRMAN:** AND THEY'LL HAVE TO PASS A C.M.S.  
18   REVIEW TO GET THERE?

19

20   **ALLAN WECKER:** CORRECT.

21

22   **SUP. YAROSLAVSKY, CHAIRMAN:** IF THE HOSPITAL CLOSES-- WHEN THE  
23   HOSPITAL CLOSES AND THEN REOPENS, SUPPOSE IT REOPENS UNDER  
24   COUNTY MANAGEMENT AGAIN. HARBOR TAKES IT OVER, FOR EXAMPLE,  
25   REALLY TAKES IT OVER FROM TOP TO BOTTOM, SAY IT'S 12 MONTHS





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1 FROM NOW, ARE WE OBLIGATED TO HIRE BACK THE PEOPLE WHO WERE  
2 DISPLACED IN THIS ACTION THAT WE ARE DISCUSSING TODAY OR IS IT  
3 A CLEAN SLATE?

4

5 **C.E.O. FUJIOKA:** IT'S OUR INTENT TO APPROACH IT AS A CLEAN  
6 STATE. ONCE YOU MOVE PEOPLE...

7

8 **SUP. YAROSLAVSKY, CHAIRMAN:** I KNOW THAT'S OUR INTENT. I'M  
9 ASKING YOU WHAT WE CAN DO. MAYBE I SHOULD ASK LEELA, OUR  
10 COUNTY COUNSEL.

11

12 **LEELA KAPUR, COUNSEL:** SUPERVISOR, MY UNDERSTANDING IS THAT, IF  
13 THE EMPLOYEES ARE TRANSFERRED TO ANOTHER HOSPITAL, YOU WOULD  
14 NOT BE OBLIGATED TO RETURN THEM TO M.L.K.-HARBOR. THAT WOULD  
15 BE A...

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** WHAT IF THEY'RE LAID OFF OR THEY  
18 QUIT?

19

20 **LEELA KAPUR, COUNSEL:** IF THEY'RE LAID OFF OR THEY-- WELL, IF  
21 THEY QUIT, THEN YOU CERTAINLY WOULDN'T HAVE AN OBLIGATION. IF  
22 YOU LAID THEM OFF, I BELIEVE WE HAVE SOME, DEPENDS ON THE  
23 M.O.U.S, I BELIEVE WE MAY HAVE SOME RETIRING OBLIGATIONS UNDER  
24 OUR M.O.U.S.

25



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1    **C.E.O. FUJIOKA:** THEY WOULD HAVE REEMPLOYMENT RIGHTS IF THEY  
2    ARE LAID OFF. IF WE MERE TRANSFER THEM, THAT'S A PERMANENT  
3    TRANSFER AND THEN WE WILL RECONSTITUTE THE FACILITY WITH NEW  
4    STAFF.

5

6    **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. I WANT TO JUST, IN THE LAST  
7    MINUTE I HAVE, JUST ZERO IN ON THIS ISSUE WITH THE PRIVATE  
8    HOSPITALS AND I WANT TO UNDERSTAND SOMETHING. IF WE CLOSED A  
9    HOSPITAL AND DID NOT OFFER A CONTRACT FOR REIMBURSEMENT TO THE  
10   PRIVATE HOSPITALS FOR ALL OR A PORTION OF OUR PATIENTS, AND A  
11   PATIENT WHO WOULD HAVE OTHERWISE GONE TO KING GOES TO ST.  
12   FRANCIS OR TO DOWN TO CALIFORNIA EMERGENCY ROOM, THEY WOULD  
13   HAVE TO TAKE THEM, CORRECT?

14

15   **DR. BRUCE CHERNOF:** CORRECT.

16

17   **SUP. YAROSLAVSKY, CHAIRMAN:** AND THEIR CHOICE IS EITHER TO TAKE  
18   THEM OR TO CLOSE THEIR EMERGENCY ROOM, CORRECT?

19

20   **DR. BRUCE CHERNOF:** THAT'S CORRECT.

21

22   **SUP. YAROSLAVSKY, CHAIRMAN:** WHEN DANIEL FREEMAN HOSPITAL  
23   CLOSED LAST YEAR-- OR MAYBE IT WAS THIS YEAR, CLOSED THEIR  
24   EMERGENCY ROOM, DID THEY OFFER TO PAY US ANY REIMBURSEMENT FOR  
25   THE SPILLOVER OF PATIENTS?



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1

2 **DR. BRUCE CHERNOF:** NO, SIR.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** DID THEY OFFER TO PAY ANY PRIVATE  
5 HOSPITAL?

6

7 **DR. BRUCE CHERNOF:** NOT TO MY KNOWLEDGE.

8

9 **SUP. YAROSLAVSKY, CHAIRMAN:** WHEN ANY OF THE PRIVATE EMERGENCY  
10 ROOMS CLOSED AROUND THE COUNTY IN THE LAST FIVE, SIX YEARS,  
11 DID ANY OF THEM OFFER TO PAY US OR ANY OF THE PRIVATE  
12 HOSPITALS FOR THE IMPACT THEY HAD ON OTHER EMERGENCY ROOMS?  
13 I'M NOT AWARE OF ONE.

14

15 **DR. BRUCE CHERNOF:** NOT TO MY KNOWLEDGE, SUPERVISOR.

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** AND WE ARE VOLUNTARILY OFFERING TO  
18 PUT MONEY ON THE TABLE FOR PRIVATE HOSPITALS TO TAKE-- TO  
19 CUSHION THE IMPACT OF THE IMPACT OF THIS DECISION ON THEM,  
20 CORRECT?

21

22 **DR. BRUCE CHERNOF:** THAT IS CORRECT.

23

24 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. MY TIME IS UP. MS.  
25 BURKE?



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1

2 **SUP. BURKE:** I'D LIKE TO GO BACK JUST ONE MORE QUESTION ON  
3 THIS. WILL WE BE ABLE TO TAKE H.M.O. AND, FOR INSTANCE, C.H.P.  
4 PATIENTS IN OUR OUTPATIENT? WILL WE BE REIMBURSED? BECAUSE MY  
5 UNDERSTANDING WAS WE LOST THE ABILITY, AT SOME POINT, TO TAKE-  
6 - HAVE CONTRACTS WITH H.M.O.S BUT NOW WILL WE BE ABLE TO DO  
7 THAT?

8

9 **DR. BRUCE CHERNOF:** SUPERVISOR, WHAT WE LOST WAS THE ABILITY TO  
10 TAKE HOSPITAL COSTS.

11

12 **SUP. BURKE:** FOR THE HOSPITAL, RIGHT.

13

14 **DR. BRUCE CHERNOF:** SO OUR ABILITY TO SEE PATIENTS ON THE  
15 OUTPATIENT SIDE IS A DIFFERENT QUESTION. THAT'S PHYSICIAN  
16 PAYMENT. SO, UNTIL THE HOSPITAL IS REOPENED, EITHER UNDER A  
17 PRIVATE OPERATOR OR UNDER THE COUNTY BUT WITH J.C.A.H.O.  
18 ACCREDITATION, WE WILL NOT HAVE INPATIENT ABILITY TO SEE  
19 MANAGED CARE PATIENTS BUT WE WILL CONTINUE TO HAVE OUTPATIENT  
20 ABILITY.

21

22 **SUP. BURKE:** WE'LL HAVE OUTPATIENT. I'D JUST LIKE TO SAY ONE  
23 THING. YOU KNOW, WITH ST. FRANCIS, MOST PEOPLE WHO GO TO ST.  
24 FRANCIS, JUST LIKE THOSE WHO GO TO CEDARS AND ANYWHERE ELSE,  
25 THEY BRING THEIR DOCTOR TO THEM. BUT, IN OUR HOSPITALS, YOU



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1 DON'T BRING YOUR DOCTOR. WE PROVIDE A DOCTOR. AND THAT'S THE  
2 THING IS THAT WHEN A PRIVATE HOSPITAL, IF A PRIVATE HOSPITAL  
3 TAKES OVER, THEY HAVE TO THEN FIND EITHER THESE CONTRACT  
4 DOCTORS, THEY'LL HAVE TO EXPAND THEM. OR THEY HAVE TO IDENTIFY  
5 DOCTORS BECAUSE NOW WHAT IS THE LAW IN TERMS OF A PRIVATE  
6 HOSPITAL HIRING DOCTORS? ARE THEY ALLOWED TO DO THAT?

7

8 **DR. BRUCE CHERNOF:** SUPERVISOR, THE CORPORATE PRACTICE OF  
9 MEDICINE IN CALIFORNIA, AND LEELA CAN HELP ME HERE BECAUSE I'M  
10 NOT A LAWYER, BUT THE CORPORATE PRACTICE OF MEDICINE IN  
11 CALIFORNIA PREVENTS HOSPITALS, IN ALMOST ALL CIRCUMSTANCES,  
12 FROM DIRECTLY EMPLOYING PHYSICIANS. THE COUNTY OF LOS ANGELES  
13 IS A SPECIFIC EXCEPTION TO THAT. IN GENERAL, THE WAY PRIVATE  
14 HOSPITALS WORK IS THAT THEY HAVE A MEDICAL STAFF AND THOSE  
15 DOCTORS OPERATE EITHER IN THEIR OWN PRACTICES OR AS PART OF  
16 MEDICAL GROUPS. EVEN THE KAISER SYSTEM IS A SEPARATE SYSTEM.  
17 THE PERMANENTE MEDICAL GROUP REPRESENTS THE DOCTORS AND KAISER  
18 REPRESENTS THE HOSPITALS AND THERE'S A SPECIFIC LEGAL  
19 DISTINCTION THERE.

20

21 **SUP. BURKE:** AND THEY-- USUALLY, FOR THE EMERGENCY ROOM THEY  
22 HAVE SOME DOCTORS ON CONTRACT WHO THEY CAN BRING IN AND YOU  
23 HAVE A CHOICE TO TAKE THEM OR NOT TAKE THEM. AND THEN THEY  
24 WILL CONTINUE TO TREAT YOU USUALLY IN THE PRIVATE HOSPITALS IS  
25 THE WAY IT WORKS, RIGHT?



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1

2 **DR. BRUCE CHERNOF:** CORRECT.

3

4 **SUP. BURKE:** YEAH, BUT THAT-- SO IT'S A BIG STEP FOR A PRIVATE  
5 HOSPITAL TO TAKE OVER BECAUSE THEY'VE GOT TO GO OUT THERE AND  
6 FIND ALL OF THOSE DOCTORS THAT THEY WOULD HAVE TO HIRE IF  
7 THEY'RE GOING TO CONTINUE TO FOLLOW PROVIDING SERVICES TO OUR  
8 CONSTITUENTS WHO ARE UNINSURED, FOR THE MOST PART. THEY DON'T  
9 HAVE MEDI-CAL AND THEY DON'T HAVE A PRIVATE INSURANCE. SO THEY  
10 WOULD HAVE TO FIGURE OUT A WHOLE NEW APPROACH TO PROVIDING  
11 THAT CARE. I'D LIKE TO GO TO SOME OTHER THINGS. ON C.M.S.--  
12 AND I GUESS, LEELA, I HAVE TO ASK YOU THIS-- DO WE LOSE OUR  
13 RESIDENCE SLOTS? OR WHERE ARE WE ON THAT? WHAT'S THE  
14 SITUATION?

15

16 **LEELA KAPUR:** MY UNDERSTANDING, SUPERVISOR, IS THAT OUR  
17 RESIDENCY SLOTS STAY WITH THE HOSPITAL. AND, ONCE WE LOST OUR  
18 CONTRACT, WE LOST OUR RESIDENCY SLOTS. I THINK THAT'S CORRECT.  
19 AS YOU KNOW, WE HAVE LEGISLATION-- THERE IS LEGISLATION  
20 PENDING.

21

22 **SUP. BURKE:** SO WE'RE GETTING LEGISLATION TO TRY TO CORRECT  
23 THAT?

24



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1   **LEELA KAPUR, COUNSEL:** THERE IS A DRAFT LEGISLATION PENDING IN  
2   FRONT OF CONGRESS THAT WOULD ALLOW THOSE RESIDENCY SLOTS TO  
3   TRANSFER TO A NEW PROVIDER IF ONE WERE TO TAKE OVER THE  
4   HOSPITAL.

5

6   **SUP. BURKE:** SO THAT, WHEN WE REOPEN THE HOSPITAL, THAT WE  
7   WOULD BE ABLE TO RECLAIM THOSE SLOTS. AND THAT'S GOING TO BE  
8   SO IMPORTANT FOR US TO WORK WITH OUR CONGRESSIONAL DELEGATION  
9   FOR US TO BE ABLE TO RECLAIM THOSE RESIDENCY SLOTS THAT WE'RE  
10   LOSING AS A RESULT OF THIS ACTION. SO WE DO HAVE THE  
11   LEGISLATION HAS BEEN INTRODUCED?

12

13   **LEELA KAPUR:** RIGHT. ANITA HAS REFRESHED MY MEMORY. AS SOON AS  
14   THE PROVIDER AGREEMENT TERMINATES, WHICH IS THE 15TH, BOTH THE  
15   COUNTY AND A PRIVATE PROVIDER WOULD NOT BE ABLE TO GAIN THOSE  
16   SLOTS WITHOUT THE LEGISLATION, WHICH IS PENDING.

17

18   **SUP. BURKE:** SO WE'RE JUST GOING TO HAVE TO WORK HARD WITH OUR  
19   CONGRESSIONAL DELEGATION TO GET THAT LEGISLATION THROUGH SO  
20   THAT WE CAN RECLAIM THEM. ON PAGE 3, WE TALK ABOUT A  
21   TRANSITION TEAM. WOULD YOU TELL US A LITTLE BIT ABOUT THIS  
22   TRANSITION TEAM? AND THEN I BELIEVE WE SHOULD HAVE A COMMUNITY  
23   REPRESENTATIVE WHO HAS A BACKGROUND IN HEALTH AND HEALTHCARE  
24   ISSUES AND HOSPITAL ISSUES TO BE PART OF THAT TRANSITION TEAM.  
25   COULD YOU RESPOND TO THAT?





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1

**DR. BRUCE CHERNOF:** WITH RESPECT TO THE TRANSITION TEAM, THIS IS MEANT TO BE REALLY FOR THE IMMEDIATE TERM, SUPERVISOR. AND, OVER THE NEXT 10 DAYS, WE NEED TO TAKE SOME COMPLETE TRANSFERRING PATIENTS AND THE COMPLETION OF THE CLOSURE OF THE REMAINING INPATIENT SERVICES. THAT WORK WILL BE DONE BY LEADERSHIP FROM MY DEPARTMENT, CAROL MEYER IS ON POINT TO MANAGE THE CONTINGENCY PLAN. IT WILL ALSO INVOLVE ANTOINETTE SMITH-EPPS AND KEY LEADERSHIP THAT WORK WITH HER AND, FINALLY, KEY LEADERSHIP FROM HARBOR SO THAT WE GET THROUGH THE NEXT 10 DAYS QUICKLY. I THINK, FOR THE LONGER TERM PLANNING, WORKING WITH THE COMMUNITY MAKES A LOT OF SENSE. IN THIS SHORT TERM, WE JUST NEED TO GET TO CLOSURE AS QUICKLY AS POSSIBLE.

14

**SUP. BURKE:** THE ONLY THING I'M CONCERNED ABOUT IS THAT WE'RE NOT INSULATED. THAT WE HAVE INPUT FROM PEOPLE WITHIN THE COMMUNITY TO REALLY FIND OUT WHAT HAPPENS. YOU KNOW, HOW MANY PEOPLE ARE SUFFERING AS A RESULT OF NOT BEING ABLE TO COME TO THE EMERGENCY ROOM THERE? AND MOST OF THAT INFORMATION, WE ALWAYS FIND EVERYBODY SAYS, "OH, NO ONE'S SUFFERING" AND, YOU KNOW, THERE'S NO ONE WHO MISSED GETTING TO THE TRAUMA CENTER AND DIED AS A RESULT OF IT BUT IF WE HAVE THE PROPER KIND OF INPUT AND COMMUNICATION WITH THE COMMUNITY, WE'RE GOING TO BE ABLE TO REALLY MAKE AN EVALUATION OF HOW THESE URGENT CARE SERVICES ARE ACTUALLY MEETING OUR NEED AND WHAT THE REAL LOSS



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1 IS AND THE IMPACT OF THE LOSS OF THIS EMERGENCY ROOM. I JUST  
2 HAVE TO SAY ONE FINAL THING. YOU KNOW, TO ME, IT'S SO  
3 IMPORTANT THAT WE MAKE EVERY EFFORT TO REOPEN THE HOSPITAL AS  
4 SOON AS POSSIBLE BECAUSE THERE'S A BIG GAP THERE. IT HAS TO BE  
5 FILLED AND I REALLY WANT ASSURANCES FROM YOU THAT YOU'RE GOING  
6 TO WORK VERY HARD, YOU'RE GOING TO DO EVERYTHING YOU CAN TO  
7 REOPEN THE HOSPITAL AS FAST AS POSSIBLE. AND I UNDERSTAND IT'S  
8 A MATTER OF GETTING STAFF. NOW, I DISAGREE A LITTLE BIT WITH  
9 SUPERVISOR MOLINA. I DON'T THINK THAT EVERY, ALL OF THOSE  
10 1,600 EMPLOYEES, WERE ALL WRONG. WHAT I'VE READ IS THERE'S  
11 SOME-- I CAN'T EVEN BELIEVE THE STUPID STUFF THEY SAID. [  
12 APPLAUSE ]

13

14 **SUP. BURKE:** YOU KNOW...

15

16 **SUP. MOLINA:** UNDERLINE STUPID, OKAY?

17

18 **SUP. BURKE:** BUT YOU KNOW WHAT? I CAN'T UNDERSTAND HOW A PERSON  
19 SUPPOSEDLY TRAINED DOESN'T KNOW HOW TO MIX MEDICINE. I MEAN,  
20 WHO COULD DO THAT? I MEAN, I DON'T UNDERSTAND THAT. BUT, AMONG  
21 THAT HOSPITAL'S STAFF, THERE ARE SOME PEOPLE-- AND WE CAN'T  
22 JUST THROW THE BABY OUT WITH THE BATH WATER, WE HAVE TO LOOK  
23 AT INDIVIDUALS AND THOSE PEOPLE WHO ARE WRONG NEED TO BE  
24 FIRED. BUT LET'S NOT PENALIZE EVERYONE BECAUSE THEIR NAME WAS  
25 ON THE LIST. AND I UNDERSTAND THAT THAT'S ONE REASON THAT MANY



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1 OF THE NURSES ARE QUITTING. NO ONE WANTS TO BE AT A HOSPITAL  
2 WHEN IT CLOSES BECAUSE THAT GOES ON THEIR RESUME AND THEY'LL  
3 SAY, "OH, YOU WERE THERE, SO YOU WERE PART OF THE CLOSING." SO  
4 WHAT'S HAPPENED IS MANY PEOPLE LEAVE BECAUSE THEY DON'T WANT  
5 THE STIGMA OF BEING PART OF IT AND WE HAVE TO BE SENSITIVE TO  
6 THE FACT THAT THERE'S SOME PEOPLE-- EVERYBODY THERE IS NOT  
7 BAD. THERE'S SOME TERRIBLE PEOPLE WHO ARE VERY INCOMPETENT BUT  
8 I HOPE WE LOOK AT INDIVIDUALS, YOU KNOW? WE CAN'T JUST MAKE A  
9 PERSON STIGMATIZED EVEN IF THEY WERE DOING AN EXCELLENT JOB  
10 BECAUSE, YOU KNOW, I DON'T KNOW HOW YOU'D BE ABLE TO TELL HOW  
11 STUPID SOME OF THESE PEOPLE ARE. I CAN'T BELIEVE THEY ARE. I  
12 MEAN, WHEN I READ THIS, I CAN'T SEE HOW A NURSE COULDN'T MIX  
13 MEDICINE. I CAN'T SEE HOW SHE SAYS, "I DON'T KNOW WHERE TO  
14 FIND THIS INSTRUMENT." THAT IS INCOMPREHENSIBLE. BUT LET'S NOT  
15 JUST PENALIZE EVERYONE. LET'S LOOK AT IT ON AN INDIVIDUAL  
16 BASIS, THAT'S ALL I SAY.

17

18 **DR. BRUCE CHERNOF:** SUPERVISOR, LET ME RESPOND BY SAYING  
19 THAT... [ APPLAUSE ]

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. GO AHEAD, DR. CHERNOF.

22

23 **DR. BRUCE CHERNOF:** AND TO ALL OF YOU, MY COMMITMENT IS TO WORK  
24 WITH EACH AND EVERY ONE OF YOU AND YOUR STAFF, THE C.E.O. AND  
25 HIS STAFF TO DO EVERYTHING IN OUR POWER TO REOPEN THE HOSPITAL



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1 AS QUICKLY AS POSSIBLE BUT WE MUST OPEN A HOSPITAL THAT  
2 OPERATES PROPERLY.

3

4 **SUP. BURKE:** ABSOLUTELY.

5

6 **DR. BRUCE CHERNOF:** THAT MEETS NATIONAL STANDARDS. THE  
7 RESIDENTS OF SOUTH LOS ANGELES DESERVE THE SAME KIND OF  
8 HEALTHCARE...

9

10 **SUP. BURKE:** NO QUESTION.

11

12 **DR. BRUCE CHERNOF:** ...AS EVERY OTHER ANGELINO. PERIOD, END OF  
13 STORY, INSURED OR UNINSURED, WE HAVE GOT TO OPEN A HOSPITAL  
14 THAT MEETS THAT STANDARD. I WILL NOT ASK ANY OF YOU TO RUSH  
15 INTO SOMETHING THAT WILL NOT GET US THE RIGHT OUTCOME. GIVEN  
16 WHERE WE ARE, WE MUST REOPEN A HOSPITAL QUICKLY BUT MEETS AND  
17 EXCEEDS. WE SHOULD BE IN A PLACE WHERE WE CAN SAY, YOU KNOW,  
18 NOT ONLY DO WE MEET BUT WE EXCEED NATIONAL STANDARDS. AND WE  
19 WILL GET THERE. SO THAT'S TO YOUR FIRST QUESTION. TO YOUR  
20 SECOND POINT, I AM SO INCREDIBLY PROUD OF THE DEPARTMENT THAT  
21 I MANAGE AND ALL OF THE EMPLOYEES IN ALL OF MY FACILITIES WHO  
22 CARE DEEPLY ABOUT PATIENTS WHO OTHERWISE WOULD NOT HAVE  
23 SOURCES OF CARE AND I WILL NOT PUT ANY OF THE OTHER FACILITIES  
24 AT RISK. I AM FINE WITH ALL OF YOUR REQUESTS THAT WE TAKE A  
25 VERY HARD LOOK AT EVERY SINGLE INDIVIDUAL, THAT WE NOT MOVE



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1 PEOPLE WHO ARE NOT READY TO BE MOVED AND THAT WE TAKE  
2 APPROPRIATE ACTION IN ANY CIRCUMSTANCE WHERE INDIVIDUALS CAN'T  
3 MEET THAT STANDARD.

4

5 **SUP. YAROSLAVSKY, CHAIRMAN:** IF THAT INDIVIDUAL IS NOT GOOD  
6 ENOUGH FOR OLIVE VIEW, HE OR SHE SHOULD NOT BE GOOD ENOUGH FOR  
7 M.L.K., EITHER.

8

9 **SUP. BURKE:** ABSOLUTELY.

10

11 **DR. BRUCE CHERNOF:** AGREED.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** MR. ANTONOVICH? HANG ON A SECOND,  
14 MIKE, MR. KNABE IS NEXT. THAT IS CORRECT. I WAS GOING IN  
15 NUMERICAL ORDER.

16

17 **SUP. KNABE:** IN REGARD TO THIS, I MEAN, THIS WHO SITUATION HERE  
18 AND I DON'T-- YOU KNOW, I AGREE, YVONNE, I MEAN, WE CAN LOOK  
19 AT THIS INDIVIDUALLY. BUT WE CAN'T BURY OUR HEADS IN THE SAND  
20 BECAUSE WE HAVE BASICALLY DONE THAT OVER THE LAST SEVERAL  
21 YEARS. GIVEN EVERY OPPORTUNITY OUT THERE AND, YOU KNOW, THE  
22 ONE THING THAT I CONTINUE-- CANNOT UNDERSTAND, WHEN THE EYES  
23 OF THE WORLD ARE ON YOU...

24

25 **SUP. BURKE:** I DON'T, EITHER.



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1

**SUP. KNABE:** WHEN THE EYES OF THE WORLD ARE ON YOU, YOU HAVE A  
RODRIGUEZ CASE OR YOU'RE IN THE MIDDLE OF A C.M.S. SURVEY AND  
THE NURSE LEAVES A PSYCH PATIENT ALONE. I MEAN, ABSOLUTE  
VIOLATION OF ANY MEDICAL, YOU KNOW, BOARD EXAMINATION OR  
WHATEVER IT MAY BE. SO I DON'T HAVE A PROBLEM INDIVIDUALLY.  
BUT, YOU KNOW, JUST EXACTLY WHAT ZEV SAID, IF THEY'RE NOT GOOD  
ENOUGH FOR OLIVE VIEW OR ANY PLACE ELSE, THEY'RE NOT GOOD  
ENOUGH FOR M.L.K. AND I THINK WE REALLY HAVE TO BE ADAMANT  
ABOUT THAT BECAUSE THE CLEAN SLATE PIECE OF THIS, BECAUSE MANY  
OF US SITTING RIGHT HERE TODAY THAT'S WHAT WE WERE DOING  
AWHILE BACK. WE WERE CLEANING THE SLATE AND WE REALLY DIDN'T  
CLEAN THE SLATE AND FELL INTO THAT TRAP. SO THAT HAS TO BE AN  
IMPORTANT PART OF THIS IN THIS WHOLE SITUATION, DR. CHERNOF,  
AND YOU'VE COMMITTED TO THAT. BUT THE COMPETENCY OF CARE AT  
KING HAS TO BE AS GOOD AS ANY OTHER FACILITY THAT WE HAVE ON  
OUR COUNTY SYSTEM.

18

**SUP. BURKE:** I AGREE WITH THAT, ABSOLUTELY. AND I BELIEVE WE  
HAVE TO OPEN THAT HOSPITAL. IT HAS TO BE ABSOLUTELY RIGHT. AND  
PEOPLE WHO ARE NOT GOOD ENOUGH FOR ANY OTHER HOSPITAL SHOULD  
NOT BE AT KING. I AGREE WITH THAT. THE ONLY THING I WANT TO DO  
IS JUST NOT TOTALLY PENALIZE EVERYONE BECAUSE THEY HAPPENED TO  
WORK SOMEWHERE.

25



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1   **SUP. KNABE:** NO, I UNDERSTAND THAT, BUT ONE, JUST ONE FOLLOW-UP  
2   QUESTION. A POINT THAT ZEV MADE. YOU MADE THE COMMENT EARLIER  
3   ABOUT PLACEMENT VERSUS CASCADING. THEN YOU RELATED TO THE LAID  
4   OFF ISSUE AND THE RIGHT OF REHIRE. LAID OFF IS CASCADING,  
5   CORRECT?

6

7   **C.E.O. FUJIOKA:** YES.

8

9   **SUP. KNABE:** SO WHERE ARE WE? WHAT ARE WE GOING TO DO? IS IT  
10   PLACEMENT? CLEAN SLATE? OR IS IT LAID OFF WITH CASCADING  
11   PRIVILEGES?

12

13   **C.E.O. FUJIOKA:** WHEN IT COMES TO WORKFORCE REDUCTION PLAN AND  
14   THE DETAILS INVOLVED WITH THAT PLAN, I'D LIKE TO DISCUSS IT  
15   TOMORROW IN OUR CLOSED SESSION MEETING BECAUSE THEY ARE  
16   SUBJECT TO NEGOTIATIONS ON ANY ASPECT BUT I SAID INTENT. I  
17   USED THAT WORD ON PURPOSE BECAUSE, YOU KNOW, WE'RE IN A VERY  
18   SENSITIVE AND DELICATE SITUATION WHEN IT COMES TO WORKFORCE  
19   REDUCTION PROCESS THAT IS SUBJECT TO NEGOTIATIONS WITH OUR  
20   LABOR GROUP SO I'LL BE ABLE TO GIVE YOU THAT DETAIL. I WILL  
21   GIVE YOU THAT DETAIL.

22

23   **SUP. KNABE:** ALL RIGHT, THANK YOU.

24





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1    **SUP. YAROSLAVSKY, CHAIRMAN:** THANKS, DON. SUPERVISOR  
2    ANTONOVICH.

3

4    **SUP. ANTONOVICH:** YEAH, I'D JUST LIKE TO ECHO MY COLLEAGUES.  
5    YOU CAN'T COMPROMISE ON COMPETENCE AND A PERSON IN A HOSPITAL  
6    NEEDS TO ENSURE THAT THOSE WHO ARE IN CARE OF THEIR HEALTH AND  
7    SAFETY, AND FAMILIES HAVE TO BE ASSURED THAT THEIR LOVED ONES  
8    WHO ARE BEING TREATED ARE GOING TO HAVE THE MOST COMPETENT  
9    INDIVIDUAL HELPING THEM, BE IT A PUBLIC HOSPITAL OR A PRIVATE  
10   HOSPITAL. THERE CANNOT BE ANY COMPROMISE AND OUR STANDARDS  
11   MUST BE AS HIGH AS THE PRIVATE HOSPITALS IN OUR COMMUNITY AND  
12   THE STATE, AS WELL. ONE QUESTION THAT CAME TO MY MIND WHEN YOU  
13   WERE DISCUSSING THE FINANCING. BEYOND THE OBLIGATION THAT WE  
14   WERE THE DOCTOR FOR THAT PATIENT THAT HAS BEEN TRANSFERRED,  
15   WHAT IS THE COUNTY'S LONG-TERM OBLIGATION TO SUBSIDIZE THE  
16   PRIVATE HOSPITALS?

17

18   **DR. BRUCE CHERNOF:** SUPERVISOR, I'D ANSWER THAT MAYBE A COUPLE  
19   WAYS. THE FIRST IS EVERYTHING THAT WE'RE PROPOSING TO YOU  
20   TODAY I VIEW AS TEMPORARY AND TRANSITIONAL ONLY UNTIL THE  
21   POINT AT WHICH WE GET THE NEW HOSPITAL OPEN. SO THIS IS A  
22   TEMPORARY SUBSIDIZATION. I ALSO WANT TO MAKE THE POINT AGAIN  
23   THAT WHAT I AM REQUESTING OF YOUR BOARD IS MORE THAN WHAT  
24   YOU'RE OBLIGATED TO DO BUT I THINK IS IMPORTANT RELATIVE TO  
25   PRESERVING EMERGENCY SERVICES IN AND AROUND SOUTH LOS ANGELES.



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1

2 **SUP. ANTONOVICH:** SO, IN THE ANTELOPE VALLEY, WE ARE  
3 SUBSIDIZING THE PRIVATE HOSPITALS UNTIL WE BUILD THE NEW  
4 HOSPITAL? PERHAPS YOU'LL HAVE TO GET BACK, BUT THAT'S WHERE  
5 THE QUESTION ARISES BECAUSE, WHEN WE CLOSED, DOWNSIZED HIGH  
6 DESERT, WE MADE SOME COMMITMENTS AND I JUST...

7

8 **DR. BRUCE CHERNOF:** THE DEPARTMENT'S CURRENT COMMITMENT,  
9 SUPERVISOR, IS TO BUILD A NEW MULTI-SPECIALTY AMBULATORY CARE  
10 CENTER ON THE SITE AND THAT WORK CONTINUES AND WE'D BE GLAD TO  
11 GET YOU MORE INFORMATION ON THAT RELATIVE TO...

12

13 **SUP. ANTONOVICH:** AND YOU'RE LOOKING AT A SITE THAT THE  
14 FAIRGROUNDS PREVIOUSLY WAS ON WITH THE CITY OF LANCASTER IN A  
15 PARTNERSHIP WITH THE, I THINK, THE REDEVELOPMENT AGENCY?  
16 ANYWAY, THERE'S DISCUSSIONS GOING ON.

17

18 **DR. BRUCE CHERNOF:** WE'RE WORKING CLOSELY WITH THE C.E.O. STAFF  
19 TO EVALUATE SITES BUT THAT'S ONE OF THEM, YES, SUPERVISOR.

20

21 **SUP. ANTONOVICH:** I'D LIKE TO HEAR FROM THE PUBLIC NOW, MR.  
22 CHAIRMAN.

23

24 **SUP. YAROSLAVSKY, CHAIRMAN:** YEAH, OKAY. WELL, MS. MOLINA IS  
25 NEXT.



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1

**SUP. MOLINA:** A COUPLE OF THINGS. I'LL TRY AND BE BRIEF. FIRST  
OF ALL, IN THE NORMAL COURSE OF THINGS, THIS REPORT THAT  
C.M.S. HAS OUTLINED OF ALL OF OUR DEFICIENCIES, NORMALLY, WE  
WOULD HAVE PREPARED A WRITTEN RESPONSE ABOUT HOW WE WERE GOING  
TO FIX ALL OF THESE THINGS. THAT'S PROBABLY NOT GOING TO  
HAPPEN NOW. AND SO USUALLY THIS REPORT STAYS WITH US. IT'S NOT  
FOR PUBLIC CONSUMPTION BECAUSE-- UNTIL WE RESPOND. SO WHAT'S  
WRONG-- I THINK THAT THE PUBLIC NEEDS TO KNOW HOW WE FAILED. I  
THINK THAT THIS REPORT SHOULD BECOME PUBLIC SO THAT THEY  
RECOGNIZE... [ APPLAUSE ]

12

**SUP. MOLINA:** ...AND UNDERSTAND AND THERE SHOULDN'T BE A  
PROBLEM WITH THAT. I THINK THEY NEED TO KNOW. I THINK, IN  
ORDER FOR US TO TAKE THE DRAMATIC AND THE VERY DRASTIC ACTIONS  
THAT WE WILL ASK THE DEPARTMENT TO TAKE, THE COMMUNITY AND THE  
PUBLIC MUST KNOW HOW DRAMATIC THE FAILINGS WERE. I THINK  
THAT'S ESSENTIAL. I KNOW THAT'S AN ISSUE THIS BOARD NEEDS TO  
DECIDE AND I STILL THINK THAT YOU NEED TO RESPOND TO US ON ALL  
OF THESE ISSUES AS TO WHO WAS RESPONSIBLE AND SO ON BECAUSE  
THESE FAILINGS ARE TREMENDOUS. SECOND OF ALL, I AM CONCERNED  
ABOUT THE REOPENING. WHEN SOMEBODY SAYS 12 TO 15 MONTHS, THAT  
MAKES ME NERVOUS. THAT SOUNDS LIKE 15 TO 24 MONTHS AND I'M  
TROUBLED BY THAT. I THINK THAT THE COMMUNITY NEEDS ASSURANCES  
THAT MARTIN LUTHER KING HOSPITAL IS GOING TO COME BACK AS



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1 QUICKLY AS POSSIBLE. NOW, I KNOW THAT YOU NEED TO DEVELOP A  
2 PLAN OF ACTION AND YOU'VE EVEN HIRED CONSULTANTS THAT ARE PAID  
3 A HELL OF A LOT MORE MONEY THAN I AM TO COME UP WITH THAT. BUT  
4 I THINK-- AND I THINK THIS IS SOMETHING, REMEMBER, KEEP IN  
5 MIND THAT I WAS ASKING THREE, ALMOST FOUR MONTHS AGO WHEN WE  
6 SAW SOME OF THE FAILINGS, THAT WE SHOULD START DOING IT AHEAD  
7 OF TIME, WE NEED TO CREATE A VERY TIGHT TIMEFRAME. I AM ASKING  
8 THAT, BY TOMORROW, IF NOT NEXT WEEK, YOU HAVE ALL THE ELEMENTS  
9 OF WHAT WOULD BE THE IDEAL CONTRACT. HERE'S WHAT WE NEED,  
10 POINT 1, 2, 3 ALL THE WAY TO 72, WHATEVER YOU NEED. HOW MUCH  
11 WE SHOULD PAY. HOW WE'RE GOING TO BE ABLE TO MAKE A  
12 DETERMINATION AS TO WHETHER THEY'RE OUR PATIENT OR A MEDI-CAL  
13 PATIENT OR AN INDIGENT PATIENT. WHAT KIND OF SERVICES WE'D  
14 LIKE TO SEE. WHO WOULD HAVE THE CAPABILITY OF DOING THOSE KIND  
15 OF THINGS. YOU SHOULD KNOW THAT BY NOW, PARTICULARLY BECAUSE  
16 YOU HAVE CONSULTANTS THAT HAVE ALREADY DONE THAT. WE SHOULD  
17 KNOW EXACTLY WHAT IS THE EXPECTATION OF A CONTRACTOR? WHAT ARE  
18 THE KINDS OF THINGS THAT WE WANT A CONTRACTOR TO DO FOR US?  
19 THAT SHOULD NOT BE FOREIGN OR NEW. SO WE SHOULD KNOW. WE DON'T  
20 HAVE THAT NOW. I HOPE YOU CAN PREPARE THAT FOR TOMORROW.  
21 OBVIOUSLY, IT WOULD GO INTO CLOSED SESSION BECAUSE IT'S A  
22 NEGOTIATING ITEM. I THINK I NEED TO KNOW WHAT YOU'RE LOOKING  
23 AT. SECOND OF ALL, WE NEED A VERY QUICK TIMEFRAME. I THINK  
24 THAT YOU SHOULD-- THAT, IF WE'RE GOING TO-- IF WE KNOW WHAT  
25 THE ELEMENTS ARE, WE SHOULD BE ABLE TO GIVE LESS THAN THREE



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1 MONTHS, 90 DAYS, IN WHICH WE LOOK FOR THIS PARTNERSHIP OR SET  
2 OF PARTNERS. I DON'T KNOW IF IT'S ONE OR A COUPLE. AND THEN,  
3 AFTER THREE MONTHS, THAT ENDS AND WE START NEGOTIATING AND YOU  
4 HAVE A TIME CERTAIN IN WHICH YOU HAVE TO NEGOTIATE. MAYBE ONLY  
5 THREE MONTHS. BECAUSE, IF YOU LET IT KEEP GOING, IT MAY TAKE  
6 FOREVER. AND THEY'RE GOING TO-- YOU KNOW, THEY KNOW THAT WE  
7 DESPERATELY NEED THEM. AND THAT'S WHY I'M SAYING IT MIGHT BE A  
8 COUPLE OF PARTNERS THAT WE'D BE NEGOTIATING WITH, IF POSSIBLE,  
9 IF WE COULD FIND THEM BECAUSE WE NEED TO FIGURE OUT HOW WE'RE  
10 GOING TO GET THIS HOSPITAL BACK ONLINE AND THEN THAT WOULD  
11 GIVE THEM THREE MONTHS TO SIGN ALL THE AGREEMENTS, GET ALL THE  
12 STARTUP, LOOK AT ALL THE PERSONNEL AND HOPEFULLY THREE MONTHS  
13 TO TRAIN. DR. CHERNOF, I KNOW THAT I MAYBE-- SOUNDS  
14 EXAGGERATION TO YOU, BUT TO A COMMUNITY WHO DESPERATELY NEED  
15 THE SERVICES, THEY NEED THAT ASSURANCE AS QUICKLY AS POSSIBLE.  
16 [ APPLAUSE ]

17

18 **SUP. MOLINA:** AS QUICKLY AS POSSIBLE. THAT MEANS THAT I THINK  
19 YOU HAVE A JOB TO DO THAT IS, FROM THE STANDPOINT OF GETTING--  
20 DEALING WITH THESE 15 TO 1,600 PERSONNEL ISSUES, TRYING TO  
21 MAKE SURE THE URGENT CARE IS STILL RESPONDING AND MEETING THE  
22 NEEDS OF THE COMMUNITY AND THAT THE SPECIALTY CARE IS THERE AS  
23 WELL AS ALL OF OUR OTHER HOSPITALS AND CLINICS. MAKING SURE  
24 THAT OUR DIVERSION PROGRAM-- THAT WE'RE DIVERTING AMBULANCES  
25 INTO-- THAT THEY'RE NOT GOING TO OVERFLOW, EITHER, AND CREATE



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1 A PROBLEM. SO YOU HAVE A LOT OF WORK TO DO. SO I'M SAYING I  
2 THINK THE C.E.O. SHOULD HAVE A CRACK NEGOTIATION TEAM THAT  
3 DOES THIS IN CONCERT WITH YOUR DEPARTMENT BUT THAT IT'S THE  
4 C.E.O. WHO'S GOING TO HAVE TO START DOING THAT AND IT WILL  
5 HAVE TO BE ON A VERY TIGHT TIMEFRAME THAT INFORMS US ALMOST ON  
6 A WEEKLY, IF NOT EVERY OTHER WEEK, AS TO WHERE WE'RE AT  
7 BECAUSE THAT IS NOT WHAT I'M GETTING FROM. AND, YEAH, WE CAN  
8 TALK ABOUT 12 TO 15 MONTHS AND IT COULD BE 24 MONTHS BUT THEN,  
9 AFTER THAT, THIS PLACE IS GOING TO START ROTTING ON ITS OWN IF  
10 IT DOESN'T HAVE ANY VITALITY TO IT AT ALL. AND THEN, FINALLY,  
11 LET ME UNDERSTAND. IN YOUR MEMO THAT YOU SENT TO ME, YOU SAID  
12 THAT I HAD TO HAVE BEILENSONS BY SEPTEMBER THE FOURTH. I  
13 REMEMBER CORRECTLY AND I KEPT ASKING THIS QUESTION AND YOU  
14 SAID, IF THEY CLOSE US DOWN, WE WON'T NEED TO HAVE THOSE. NOW,  
15 I'M NOT OPPOSED TO HAVING THE PUBLIC PARTICIPATE WITH US. I'M  
16 NOT OPPOSED TO THAT. I JUST WANT TO UNDERSTAND WHY THE CHANGE.  
17 AND IF THE PUBLIC IS GOING TO PARTICIPATE WITH US, I NEED THEM  
18 TO HAVE THIS DOCUMENT SO THEY KNOW EXACTLY WHY WE FAILED.

19

20 **LEELA KAPUR, COUNSEL:** SUPERVISOR MOLINA, WHAT WE'VE ADVISED  
21 YOUR BOARD PREVIOUSLY IS THAT, IF THE FACILITY OR ANY OF ITS  
22 SERVICES HAD TO BE CLOSED OR REDUCED FOR CLINICAL EMERGENCY  
23 REASONS, THAT YOU WOULD NOT BE REQUIRED TO DO A BEILENSON  
24 BEFORE THOSE CLOSURES TOOK EFFECT.

25





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1   **SUP. MOLINA:** WELL, ISN'T THAT THE CASE HERE? THEY'VE JUST BEEN  
2   SAYING... ...IT WAS FOR A CLINICAL REASON.

3

4   **LEELA KAPUR:** THAT IS THE CASE, SUPERVISOR. HOWEVER, WE'VE ALSO  
5   ADVISED YOUR BOARD THAT, BASED ON THE SETTLEMENT AGREEMENT  
6   THAT WE ENTERED INTO ON THE U.A.P.D. LAWSUIT ABOUT A YEAR AGO  
7   NOW, WE AGREED, IN THOSE CIRCUMSTANCES, WE WOULD DO  
8   QUOTE/UNQUOTE A POST BEILENSEN HEARING TO, AS SOON AS POSSIBLE  
9   AFTER THE CLOSURES, IF WE DID NOT BELIEVE THE SERVICES WERE  
10  GOING TO BE RETURNED WITHIN 120 DAYS.

11

12  **SUP. MOLINA:** WELL, SEPTEMBER THE FOURTH IS NOT 120 DAYS.

13

14  **LEELA KAPUR:** NO. THE SEPTEMBER THE FOURTH IS A SOMEWHAT  
15  ARBITRARY DATE. THE DIRECTION OR THE ADVICE THAT WE GAVE THE  
16  DEPARTMENT IS THAT THEY SHOULD SCHEDULE A BEILENSEN HEARING AS  
17  SOON AS IS FEASIBLE. THE SEPTEMBER 4TH WAS JUST A DATE THAT  
18  WAS PUT IN THE LETTER. THAT CAN BE ADJUSTED BY YOUR BOARD.

19

20  **SUP. MOLINA:** WELL, AS I UNDERSTAND BEILENSEN HEARINGS,  
21  BEILENSEN HEARINGS ARE SUPPOSED TO DO AN ASSESSMENT OF THE  
22  IMPACT, OF WHAT IT WILL HAVE ON THE COMMUNITY. IT IS ALSO  
23  SUPPOSED TO MAKE A SERIES OF RECOMMENDATIONS AS TO HOW WE'RE  
24  GOING TO MITIGATE THOSE IMPACTS, HOW WE'RE GOING TO ADDRESS  
25  THEM. SO I DON'T KNOW, WHY BY SEPTEMBER 4TH, ALL OF A SUDDEN





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1 WE'RE GOING TO BE DRAMATICALLY CAPABLE OF TELLING THE  
2 COMMUNITY THAT THESE ARE THE THINGS WE'RE DOING OTHER THAN  
3 WHAT WE'RE TELLING THEM TODAY, WHICH IS URGENT CARE AND SOME  
4 SPECIALTY CARE. I WOULD RATHER HAVE A MORE COMPREHENSIVE  
5 APPROACH IN WHICH WE ARE GOING TO LET THEM KNOW THAT WE'RE  
6 GOING TO CONTRACT WITH THIS KIND OF A FACILITY, WE'RE MORE  
7 THAN LIKELY GOING TO CONTRACT OUT SO MANY BEDS. WE'RE GOING TO  
8 DO THESE THINGS. I'D RATHER WE DO IT IN A TIMELY FASHION. THE  
9 ISSUE IS THAT THE COMMUNITY DOES NEED INPUT AND I UNDERSTAND  
10 THAT BUT WE DON'T WANT TO CREATE A MECHANISM WHERE WE'RE JUST  
11 THROWING A LOT OF WORDS OUT AT THEM AND THERE REALLY ISN'T  
12 ANYTHING THERE FOR THEM TO REALLY HOLD ONTO. AND I'M CONCERNED  
13 THAT WE'RE JUST DOING IT TO DO IT AND THEN WE GET OUT OF IT.  
14 WE JUST SAY, OKAY, WELL, THAT WAS IT. WE MET OUR LEGAL  
15 RESPONSIBILITY. I'D RATHER THAT IT BE MUCH MORE COMPREHENSIVE  
16 AND THAT IT BE DONE IN A WAY THAT IS REALLY LETTING THE  
17 COMMUNITY KNOW EXACTLY WHAT STEPS WE ARE TAKING AND WHAT  
18 DIRECTION AND WHAT THE STATUS IS BEFORE WE GO OUT-- AND IT  
19 SHOULD BE IN THE COMMUNITY, BEFORE WE CONDUCT BEILENSONS IN  
20 WHICH PEOPLE ARE JUST GOING TO COME AND SPIT ON US AND NOT  
21 REALLY, YOU KNOW, IT'S NOT REALLY A PARTNERSHIP BECAUSE WE'RE  
22 NOT REALLY TELLING THEM MUCH OF ANYTHING OTHER THAN WHAT WE'RE  
23 TELLING THEM TODAY. SO I'M NOT SURE WHY SEPTEMBER 4TH WAS  
24 SELECTED. I WOULD PREFER THAT IT BE A MUCH MORE MEANINGFUL  
25 DIALOGUE WITH THE COMMUNITY THAT WOULD HAVE SOME IDEA, THAT



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1 THEY HAVE THIS DOCUMENT SO THAT THEY KNOW EXACTLY HOW THE  
2 HOSPITAL FAILED THE COMMUNITY. AND THEN THAT WE WOULD ALSO  
3 HAVE AN OPPORTUNITY TO MAYBE HAVE AN OUTLINE OF WHERE WE ARE  
4 IN POTENTIAL NEGOTIATIONS. WHAT ARE THE ELEMENTS OF A CONTRACT  
5 OR A PARTNER THAT WE'RE LOOKING FOR? WE DON'T EVEN KNOW THAT  
6 RIGHT NOW, WE, AS A BOARD, LET ALONE THE COMMUNITY...

7

8 **LEELA KAPUR, COUNSEL:** SUPERVISOR, IF I COULD JUST-- AND I  
9 DON'T MEAN TO INTERRUPT YOU.

10

11 **SUP. MOLINA:** SURE.

12

13 **LEELA KAPUR:** BUT, FIRST OF ALL, I WOULD TELL YOU THAT IT WOULD  
14 BE OUR LEGAL POSITION, IF WE DIDN'T HAVE THE SETTLEMENT  
15 AGREEMENT OUT THERE, THAT, IN SUCH A CASE, A BEILENSEN REALLY  
16 DOESN'T FIT. THE PURPOSE OF THE BEILENSEN, AS YOU SAID, WAS TO  
17 RECEIVE COMMUNITY INPUT...

18

19 **SUP. MOLINA:** WAIT, WAIT, WHAT DID YOU JUST SAY? THE SETTLEMENT  
20 WHAT?

21

22 **LEELA KAPUR:** THE SETTLEMENT AGREEMENT THAT WE ENTERED INTO  
23 REQUIRES US TO HAVE THIS BEILENSEN IN THE SITUATION WE FIND  
24 OURSELVES IN TODAY BUT ONE OF THE DISCUSSIONS WE HAVE IN  
25 ENTERING INTO THAT SETTLEMENT, ONE OF THE ISSUES IN THAT



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1 LITIGATION WAS WHETHER OR NOT BEILENSONS ARE REQUIRED IN  
2 EMERGENCY SITUATIONS. AND THAT WAS SOMETHING WE STIPULATED TO  
3 UNDER THE SETTLEMENT AGREEMENT. BUT IF YOU ASK ME MY OPINION  
4 AS TO WHETHER, LEGALLY, WE'RE REQUIRED TO DO IT, SHORT OF A  
5 SETTLEMENT AGREEMENT, I WOULD TELL YOU THAT THE PURPOSE OF A  
6 BEILENSEN, AS YOU STATED, IS REALLY TO ASSESS THE IMPACT, PRE-  
7 CLOSURE, TO ALLOW THE COMMUNITY TO EXPRESS THEIR ISSUES AND  
8 THEIR CONCERNS ABOUT THE POTENTIAL CLOSURES. SO A BEILENSEN  
9 HEARING DOESN'T FIT AS SQUARELY POST CLOSURE AS IT WOULD PRE-  
10 CLOSURE. SO WHAT I'M REALLY SAYING IS WE'RE KIND OF IN A NEW  
11 ARENA THAT WE HAVE NEVER BEEN IN BEFORE. I KNOW THAT THERE ARE  
12 A COUPLE OF THE ADVOCATES IN THE AUDIENCE WHO I SPOKE TO  
13 BEFORE THE HEARING AND I'M SURE THAT THEY'RE GOING TO TESTIFY  
14 TODAY, SO I THINK THAT THAT'S AN INTERESTING DISCUSSION TO  
15 HAVE WITH THEM AS TO WHEN THE TIMING WOULD BE MOST APPROPRIATE  
16 IN THIS. I DON'T THINK THAT THERE'S ANY REASON WHY YOU COULD  
17 NOT HOLD THE HEARING LATER IF YOU SO CHOSE IN ORDER TO HAVE A  
18 MORE COMPREHENSIVE HEARING AS TO THE POTENTIAL OUTCOMES.

19

20 **SUP. MOLINA:** WELL, I WANT A COMPREHENSIVE HEARING. IF WE'RE  
21 GOING TO BE IN PARTNERSHIP WITH THE COMMUNITY, THEY NEED TO  
22 KNOW EXACTLY WHAT IT IS WE PLAN TO DO. I DON'T KNOW. I KNOW  
23 THAT, RIGHT NOW, WE'RE GUESSING. WE'RE LOOKING FOR A PARTNER.  
24 WE'RE GOING TO NEGOTIATE WITH THEM. WE'RE GOING TO REOPEN THE  
25 HOSPITAL. WE'RE GOING TO KEEP OUR LICENSE BUT I DON'T KNOW



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1 THAT THAT'S VERY REASSURING. I WOULD RATHER HAVE A VERY, VERY  
2 CLEAR TIMEFRAME THAT WE'RE GOING TO HAVE, THE ELEMENTS OF WHAT  
3 WE'RE GOING TO LOOK FOR IN A CONTRACTOR, AND SOMETHING THAT WE  
4 CAN ASSURE THE COMMUNITY THAT THEY'RE GOING TO GET BACK  
5 ONLINE. SO I DON'T KNOW WHY WE'RE TIED TO THAT DATE.

6

7 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. WELL, WE CAN WORK  
8 AROUND THE DATE. IT'S NOT-- AND MAYBE AFTER WE HEAR FROM THE  
9 MEMBERS OF THE PUBLIC, IT'LL BRING IT INTO FOCUS.

10

11 **SUP. BURKE:** WELL, I'D LIKE TO ASK...

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** WE'RE FLEXIBLE. YOU HAVE A  
14 SUGGESTION?

15

16 **SUP. MOLINA:** WELL, I HAVE A MOTION BUT I DON'T NEED TO  
17 INTRODUCE IT NOW. I CAN DO IT AFTERWARDS ABOUT PERSONNEL AND  
18 ABOUT THIS CONTRACT TIMEFRAME AND DELEGATING THAT TO THE  
19 C.E.O. TO HANDLE. BUT I'LL DO THAT AFTER OUR TESTIMONY.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. IS THERE ANY REASON WHY WE  
22 SHOULD NOT RELEASE THE C.M.S. REPORT?

23

24 **LEELA KAPUR, COUNSEL:** THAT IS COMPLETELY AT YOUR BOARD'S  
25 DISCRETION.



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. THEN ONE OF THE THINGS  
3 THAT I WOULD LIKE TO PUT ON THE TABLE AFTER THE PUBLIC HEARING  
4 FOR A VOTE FOR DISCUSSION IS MS. MOLINA'S, AS PART OF YOUR  
5 MOTION, THAT'S FINE. WE SHOULD RELEASE IT.

6

7 **SUP. BURKE:** I THINK WE SHOULD RELEASE IT.

8

9 **SUP. YAROSLAVSKY, CHAIRMAN:** THERE IS NO REASON NOT TO. ALL  
10 RIGHT. ONE LAST COMMENT OR QUESTION I HAD AND THAT IS ALSO ON  
11 PAGE 3 OF YOUR REPORT, DR. CHERNOF, AS IT RELATES TO THE  
12 M.L.K.-HARBOR TRANSITION TEAM. IS THE TRANSITION TEAM-- WHAT  
13 IS THE TRANSITION TEAM NOW? WHO MAKES UP THE TRANSITION TEAM?

14

15 **DR. BRUCE CHERNOF:** CURRENTLY, SUPERVISOR, I HAVE CAROL MEYER,  
16 SHARON GRIGSBY AND JOHN COCHRAN LEADING...

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** I DON'T MEAN PERSONS, INDIVIDUALS.  
19 I MEAN, WHAT'S THE ROLE OF HARBOR U.C.L.A. IN THE METRO CARE  
20 AND WHAT'S THE ROLE OF METRO CARE IN THE TRANSITION TEAM?

21

22 **DR. BRUCE CHERNOF:** HARBOR WILL NEED TO BE INTIMATELY INVOLVED  
23 IN THIS NOW THAT WE HAVE A RESULT. WHAT'S MORE IS, DURING THE  
24 PERIOD OF TIME-- THE METRO CARE PRINCIPLE STAYS IN PLACE. AND,  
25 WHILE WE DON'T HAVE A HOSPITAL, WE NEED AN ORGANIZING



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1 PRINCIPLE FOR THE CARE THAT WILL BE DELIVERED ON THE GROUNDS  
2 AT THE M.A.C.C., WE NEED AN ORGANIZING PRINCIPLE FOR CARE IN  
3 THE SOUTH LOS ANGELES COMMUNITY AND THAT WILL BE UNDER THE  
4 ARCHITECTURE OF HARBOR. SO HARBOR WILL PLAY AN INTIMATE ROLE  
5 IN THIS TRANSITION AND AN INTIMATE ROLE IN WHAT THE REOPENED  
6 HOSPITAL LOOKS LIKE. SO THAT WORK IS AHEAD OF US.

7

8 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. I THINK YOU NEED TO  
9 FOCUS ON RATCHETING UP HARBOR'S INVOLVEMENT, MORE DIRECT  
10 INVOLVEMENT FROM THIS POINT FORWARD. I KNOW THERE HAS BEEN AN  
11 INVOLVEMENT HERETOFORE, BUT I THINK THE LEVEL OF INVOLVEMENT  
12 NEEDS TO BE RATCHETED UP FOR TWO REASONS. ONE IS I THINK IT  
13 SHOULD BE RATCHETED UP BECAUSE THEY'RE HARBOR AND THEY SEEM TO  
14 PASS C.M.S. REVIEWS. AND, SECONDLY, TO POSITION OURSELVES, IF  
15 THAT BECOMES AN OPTION, THE OPTION, THE PREFERRED OPTION DOWN  
16 THE LINE, AS AN EXAMPLE THAT HARBOR U.C.L.A. TAKE OVER THIS  
17 INSTITUTION BUT REALLY TAKE IT OVER, NOT HALF-BAKED TAKE IT  
18 OVER, TO POSITION THEM TO DO THAT AND THERE'S NO TIME LIKE THE  
19 PRESENT. IF YOU CAN'T GET THAT INCULCATED IN EVERYBODY'S HEAD  
20 NOW, YOU WON'T BE ABLE TO DO IT THREE MONTHS FROM NOW OR 10 TO  
21 12 MONTHS FROM NOW. SO I THINK IT'S IMPORTANT, IF WE'RE GOING  
22 TO MOVE DOWN THIS ROAD, WHETHER WE MOVE DOWN THIS ROAD OR NOT,  
23 IT'S IMPORTANT BUT ESPECIALLY IF WE MOVE DOWN THIS ROAD TO  
24 POSITION, PSYCHOLOGICALLY AND OTHERWISE, THE HARBOR PERSONNEL  
25 FROM TOP TO BOTTOM TO START GETTING THEMSELVES ACCUSTOMED TO A



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1 MORE ACTIVE AND ENGAGED ROLE AT M.L.K. CAN YOU GIVE US, ALONG  
2 WITH THE OTHER REPORTS OR THE OTHER REPORT WE'VE ASKED YOU FOR  
3 IN THE PERSONNEL, CAN YOU GIVE US A MONTHLY REPORT ON HOW  
4 THAT'S GOING WITH HARBOR?

5

6 **DR. BRUCE CHERNOF:** CERTAINLY, SUPERVISOR.

7

8 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. WE HAVE A NUMBER OF  
9 PEOPLE WHO WANT TO BE HEARD. CONGRESSWOMAN MAXINE WATERS? WE  
10 HAVE SEVERAL ELECTED OFFICIALS, ABOUT A HALF A DOZEN ELECTED  
11 OFFICIALS WHO WANT TO BE HEARD. WE'LL GIVE THEM THREE MINUTES  
12 EACH. MS. WATERS, I KNOW, HAS COME A LONG WAY SO I MIGHT GIVE  
13 HER 3-1/2 MINUTES. THAT'S JUST A LITTLE HUMOR. BUT WHEN WE GET  
14 TO THE PUBLIC, IN ORDER TO ACCOMMODATE EVERYBODY SO THAT WE  
15 CAN ACT TODAY, WE'RE GOING TO LIMIT THE PUBLIC TESTIMONY,  
16 AFTER THE ELECTED OFFICIALS, TO 1 MINUTE EACH. CONGRESSMAN  
17 WATERS, THANK YOU, WELCOME.

18

19 **CONGRESSWOMAN MAXINE WATERS:** THANK YOU VERY MUCH, SUPERVISOR  
20 ZEV YAROSLAVSKY AND OTHER MEMBERS OF THE BOARD. I'M HERE ONE  
21 MORE TIME TO ENGAGE ABOUT MARTIN LUTHER KING HOSPITAL, BUT I'M  
22 VERY PLEASED THAT WITH ME TODAY IS ASSEMBLYWOMAN LAURA  
23 RICHARDSON, WHO HAS RECENTLY WON THE PRIMARY FOR THE 37TH  
24 CONGRESSIONAL DISTRICT, REPLACING JUANITA MCDONALD. AND, IN  
25 JUST A FEW DAYS, THERE WILL BE A PERFUNCTORY GENERAL ELECTION.





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1 AND I CAN, WITH CONFIDENCE, TELL YOU THAT SHE WILL BE  
2 REPRESENTING THE 37TH CONGRESSIONAL DISTRICT. AND ALREADY SHE  
3 HAS BEEN WORKING WITH ME IN THE COMMUNITY ON THIS ISSUE OF  
4 MARTIN LUTHER KING AND ALL OF THE PROBLEMS THAT WE'VE ALL BEEN  
5 WRESTLING WITH. FIRST OF ALL, LET ME JUST SAY WHAT PERHAPS SO  
6 MANY PEOPLE HAVE SAID AND CERTAINLY SUPERVISOR YVONNE BURKE,  
7 WE'RE ALL VERY SAD AND VERY DISAPPOINTED THAT THE VERDICT WAS  
8 RENDERED BY C.M.S. THAT MARTIN LUTHER KING DID NOT MEET THE  
9 CONDITIONS OF PARTICIPATION DURING THIS RECENT SURVEY THAT  
10 TOOK PLACE. EVERYBODY'S WORKED SO HARD. MR. CHERNOF HAS WORKED  
11 VERY HARD AND I JUST HAVE TO TELL YOU, PRIOR TO MR. CHERNOF'S  
12 TAKING OVER THE DEPARTMENT, WE HAD ISSUES WITH THE PREVIOUS  
13 HEAD OF THAT DEPARTMENT BUT WE FOUND NO ISSUES WITH MR.  
14 CHERNOF. WE WORKED VERY CLOSELY WITH HIM. HE'S BEEN VERY  
15 COOPERATIVE. HE'S ENGAGED THE COMMUNITY AND WE SIMPLY COMMEND  
16 HIM FOR THE JOB THAT HE'S DONE. WE ALSO COMMEND MS. EPPS FOR  
17 THE WORK THAT SHE DID AT MARTIN LUTHER KING HOSPITAL. SHE  
18 WORKED VERY, VERY HARD AND IT WAS NOT BECAUSE THEY DID NOT  
19 TRY. I WISH THAT I COULD-- I HAD MORE INFORMATION THAT COULD  
20 HELP US TO UNDERSTAND WHY WE DID NOT PASS THE REVIEW AND I'M  
21 ANXIOUS TO HEAR MORE. AND I THINK THAT SUPERVISOR MOLINA IS  
22 ABSOLUTELY CORRECT, WE NEED THE INFORMATION. I SAID TO C.M.S.  
23 IN MY CONVERSATION WITH THEM THAT WE NEED THEM TO SHARE WITH  
24 THE COMMUNITY THE REVIEW AND EXACTLY WHAT TOOK PLACE AND AN  
25 EXPLANATION OF THOSE CONDITIONS THAT WERE NOT MET. SO, HOWEVER



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1 IT'S DONE, WHETHER IT IS C.M.S. OR THE BOARD OF SUPERVISORS,  
2 WE REALLY DO NEED COMPREHENSIVE INFORMATION AND AN  
3 UNDERSTANDING ABOUT WHERE WE FAILED AND WHY WE FAILED. HAVING  
4 SAID THAT, WE ALSO-- AND I IN PARTICULAR WOULD LIKE TO SAY TO  
5 ANYONE WHO'S BEEN HARMED BY MISTAKES OR INCOMPETENCIES AT  
6 MARTIN LUTHER KING HOSPITAL, I'M CERTAINLY VERY SORRY AND THE  
7 COMMUNITY IS VERY SORRY. WE DO NOT SUPPORT INCOMPETENCE. WE  
8 WANT QUALIFIED PERSONNEL. WE WANT COMPREHENSIVE MEDICAL  
9 SERVICES AND WE, TOO, DEMAND THAT WE HAVE THE BEST. WE  
10 COMPLIMENT ALL OF THOSE PERSONS WHO HAVE WORKED, SOME FOR MANY  
11 YEARS, WHO HAVE BEEN RESPONSIBLE FOR SAVING MANY LIVES AT  
12 MARTIN LUTHER KING HOSPITAL. MANY LIVES HAVE BEEN SAVED IN  
13 THAT EMERGENCY ROOM AND WE DO NOT DISPARAGE ALL OF THE  
14 WORKERS. WE KNOW THAT THERE ARE PEOPLE WHO DON'T DO THEIR JOB  
15 BUT THERE ARE A HELL OF A LOT OF PEOPLE WHO HAVE DONE A  
16 FANTASTIC JOB OVER THE YEARS AND WE COMPLIMENT THEM. [  
17 APPLAUSE ]

18

19 **CONGRESSWOMAN MAXINE WATERS:** LET ME JUST REFERENCE SOME OF  
20 WHAT I'VE HEARD HERE TODAY, PARTICULARLY ABOUT THE BEILENSEN  
21 HEARING. IT DOES NOT MATTER WHETHER IT IS BEFORE OR AFTER.  
22 CERTAINLY, THE DECISION HAS BEEN MADE NOT TO FUND US FROM THE  
23 FEDERAL GOVERNMENT BUT THE PEOPLE DO NEED AN OPPORTUNITY TO  
24 HAVE THEIR INPUT AND TO UNDERSTAND. AND SO I SUPPOSE,  
25 LEGALISTICALLY, YOU COULD TALK ABOUT MAYBE THERE IS NO



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1 OBLIGATION GIVEN THE WAY THIS HAS TAKEN PLACE BUT I WOULD  
2 CERTAINLY HOPE THAT YOU WOULD ACCEPT THE RESPONSIBILITY TO  
3 HOLD THAT BEILENSEN HEARING SO THAT PEOPLE COULD HAVE THE KIND  
4 OF INPUT THAT IS NECESSARY FOR PEOPLE TO FEEL THAT THEY ARE  
5 PART OF WHATEVER THEIR DECISIONS ARE. I, TOO, LIKE SUPERVISOR  
6 BURKE, AM NOT GOING TO DWELL ON THE PAST. I'VE BEEN WRESTLING  
7 WITH THIS FOR THE PAST ALMOST FOUR YEARS. WE HAVE BEEN HOLDING  
8 COMMUNITY MEETINGS. WE'VE HELD HUNDREDS OF THEM. WE HAVE BEEN  
9 CRITICIZED BY EVERYBODY, INCLUDING THE L.A. TIMES, WHO SAID  
10 THAT WE SIMPLY WANTED TO SUPPORT THE HOSPITAL AND WORKERS WHO  
11 DIDN'T DESERVE TO BE SUPPORTED BUT THE FACT OF THE MATTER IS  
12 WE KNOW THAT MARTIN LUTHER KING SERVES SOME OF THE SICKEST  
13 PEOPLE IN THIS COUNTY AND THAT, WHEN PEOPLE COME TO THAT  
14 EMERGENCY ROOM, OFTENTIMES THEY'RE ON THEIR LAST LEG. PEOPLE  
15 COME TO THAT EMERGENCY ROOM WHO ARE DIABETICS WHO HAVE NEVER  
16 HAD ANY CARE AND NOW THEY HAVE TO BE AMPUTATED. PEOPLE COME TO  
17 THAT EMERGENCY ROOM WHO HAVE HAD HEART PROBLEMS, DID NOT  
18 RECOGNIZE THE SYMPTOMS, DID NOT HAVE HEALTHCARE AND, WHEN THEY  
19 HAVE THAT HEART ATTACK, THEY'RE READY TO DIE. WE HAVE PEOPLE  
20 WHO COME WHO ARE H.I.V./A.I.D.S. INFECTED. WE HAVE PEOPLE WHO  
21 COME WHO ARE ON THEIR LAST LEGS BECAUSE THEY HAVE BEEN  
22 INVOLVED WITH ABUSIVE DRUGS FOR YEARS. AND SO MARTIN LUTHER  
23 KING IS VERY IMPORTANT TO US AND IT'S NOT ABOUT PROTECTING  
24 ANYBODY. IT'S ABOUT PROTECTING THE RIGHT OF THE PEOPLE OF THIS



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1 COMMUNITY TO HAVE COMPREHENSIVE, QUALITY HEALTHCARE SERVICES  
2 AND WE'LL CONTINUE TO DO THAT NO MATTER WHAT. [ APPLAUSE ]

3

4 **CONGRESSWOMAN MAXINE WATERS:** I THINK THE MOST IMPORTANT THING  
5 THAT OUR CITIZENS WILL HEAR FROM YOU TODAY IS THAT YOU'RE  
6 COMMITTED TO REOPENING THAT HOSPITAL, THAT THIS IS NOT A  
7 PERMANENT SHUTDOWN, CLOSURE, BOARDING UP OF MARTIN LUTHER  
8 KING, NEVER TO BE SEEN OR HEARD FROM AGAIN. THIS WILL BE  
9 REOPENED. [ APPLAUSE ]

10

11 **CONGRESSWOMAN MAXINE WATERS:** AND I HAVE CONFIDENCE IN YOU AND  
12 I KNEW THAT YOU WOULD CERTAINLY MAKE THAT COMMITMENT TODAY. I  
13 WAS IN REVEREND GARDENER'S CHURCH YESTERDAY, HAYES' TABERNACLE  
14 ON CENTRAL AVENUE, WHERE WE TALKED ABOUT MARTIN LUTHER KING  
15 AND I MADE THE COMMITMENT, WITHOUT HAVING TALKED TO YOU, THAT  
16 MARTIN LUTHER KING HOSPITAL WOULD BE REOPENED, THAT THIS WAS  
17 NOT A FINAL CLOSURE. SO I THANK YOU FOR REITERATING THAT TODAY  
18 AND CERTAINLY I HOPE IT'S SOONER THAN LATER. AND I KNOW THAT  
19 YOU'RE GOING TO HAVE TO DO EVERYTHING THAT NEEDS TO BE DONE TO  
20 DETERMINE WHETHER OR NOT YOU'RE GOING TO HAVE A PRIVATE  
21 PARTNER, WHETHER OR NOT THE UNIVERSITIES ARE GOING TO BE THE  
22 PARTNER, ONE OR TWO OR MANY, BUT THAT'S THE WORK THAT MUST BE  
23 DONE. I WOULD ONLY SAY TO THAT ISSUE THAT WHOMEVER IT IS THAT  
24 YOU DECIDE ON, THEY MUST BE VETTED, WE MUST UNDERSTAND WHO



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1 THEY ARE, WHAT THE COMMITMENT IS. NEVER AGAIN SHOULD WE SETTLE  
2 ON A NAVIGANT TYPE SITUATION WHERE THEY CLAIM... [ APPLAUSE ]

3

4 **CONGRESSWOMAN MAXINE WATERS:** ...TO HAVE EXPERTISE AND  
5 COMPETENCIES THAT THEY DID NOT HAVE. IT MUST BE A PARTNER THAT  
6 YOU FEEL VERY COMFORTABLE WITH WHO CAN DO WHAT NEEDS TO BE  
7 DONE AND PERHAPS CORRECT THOSE PROBLEMS THAT WE HAVE HAD FOR  
8 SO LONG. NOW, HAVING SAID THAT, SUPERVISOR BURKE TALKED ABOUT  
9 A TRANSITION PARTNERSHIP OR PERSONS INVOLVED. AND, WHETHER  
10 IT'S SHORT-TERM OR LONG-TERM, IT IS IMPORTANT TO HAVE THE  
11 COMMUNITY INVOLVED AT SOME POINT AND IN SOME WAY IN THE  
12 TRANSITION AND LET ME GIVE YOU TWO SMALL REASONS WHY. EVEN  
13 TODAY, WHEN MR. CHERNOF TALKED ABOUT CLEAR CHANNEL AS A WAY OF  
14 COMMUNICATING TO THE PEOPLE. WE COMMUNICATE TO MUCH OF THIS  
15 THROUGH KJLH, THE 100, SOME OF THE LATINO STATIONS, AND NOT  
16 ALL OF THEM ARE OWNED BY CLEAR CHANNEL. WE COMMUNICATE THROUGH  
17 OUR CHURCHES AND THROUGH OUR NONPROFIT ORGANIZATIONS. SO  
18 WHATEVER YOU DESIGN TO MAKE SURE THAT PEOPLE UNDERSTAND WHAT  
19 SERVICES ARE GOING TO BE AVAILABLE, WHAT SERVICES ARE NOT  
20 GOING TO BE AVAILABLE, LET'S NOT GO DOWN THE TRADITIONAL ROUTE  
21 OF GETTING WHAT IS MAYBE THE BIGGEST ADVERTISING AGENCY TO DO  
22 IT. LET'S MAKE SURE THAT WE INCLUDE IN THAT WAY OF DOING THAT  
23 ALL OF THOSE SMALL ENTITIES THAT REALLY DO COMMUNICATE AND GET  
24 THE INFORMATION OUT TO OUR PEOPLE. NOW, LET ME ALSO SAY THIS.  
25 AS YOU TALK ABOUT CONTRACTS, I KNOW THAT YOU WERE NOT ABLE TO



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1 NEGOTIATE A CONTRACT WITH CENTINELA AND IT WAS SOMETHING ABOUT  
2 THE COST. I DON'T KNOW WHAT THAT'S ALL ABOUT BUT WE HAVE TO  
3 APPROACH THIS UNDERSTANDING THAT WE'RE NOT ASSURED THAT THERE  
4 WILL BE THOSE HOSPITAL BEDS IN ALL OF THOSE HOSPITALS THAT  
5 PEOPLE ARE TALKING ABOUT. SO I WANT US TO BE VERY CLEAR THAT,  
6 WHEN WE NEGOTIATE FOR HOSPITAL BEDS, THAT WE RECOGNIZE THAT  
7 THE COST OF CARE MAY BE A LITTLE BIT MORE THAN IT IS  
8 TRADITIONALLY IN SOME OF THOSE HOSPITALS BECAUSE OF THE NATURE  
9 OF THE PATIENTS AND THE SEVERITY OF THE PATIENTS AND THE  
10 OVERLOAD THAT SOME OF THESE HOSPITALS WILL HAVE TO EXPERIENCE.  
11 ON EMERGENCY CARE, SUPERVISOR YAROSLAVSKY, YOU ARE ABSOLUTELY  
12 CORRECT WHEN YOU TALKED ABOUT THE FACT THAT DANIEL FREEMAN  
13 CLOSED DOWN ITS EMERGENCY ROOM. I WISH YOU COULD SEE WHAT  
14 HAPPENS AT CENTINELA ON FRIDAY AND SATURDAY NIGHTS. THEY'RE  
15 OVERRUN. I DON'T KNOW HOW THEY'RE GOING TO TAKE ANOTHER  
16 EMERGENCY PERSON. THE SAME THING IS TRUE OF ST. FRANCIS. AS  
17 YOU KNOW, WHEN CALLS ARE RECEIVED, 9-1-1 AND THOSE AMBULANCES  
18 THAT WOULD NORMALLY GO TO MARTIN LUTHER KING HOSPITAL ARE TOLD  
19 THAT THEY ARE IN SHUTDOWN OR WHATEVER THE LANGUAGE IS, THEY  
20 CAN'T TAKE ANOTHER PERSON AND THEY TRY FOR ST. FRANCIS AND ST.  
21 FRANCIS SAYS, "SORRY, WE DON'T HAVE ANY MORE ROOM" AND THERE'S  
22 NO PLACE TO GO, THE RUMORS ARE THAT OUR AMBULANCES ARE  
23 CIRCLING THE COMMUNITY WAITING FOR SPACE TO TAKE AN EMERGENCY  
24 PATIENT. WE LOST OUR TRAUMA CENTER AND THERE'S BEEN NO STUDY,  
25 THERE'S BEEN NO FOLLOW-UP. ALL WE HAVE ARE THE STORIES THAT





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1 COME FROM THE PEOPLE ON THE STREETS ABOUT THE FACT THAT THEY  
2 WERE TAKEN TO MARTIN LUTHER KING HOSPITAL AND THEY DID NOT LET  
3 THEM IN AND THEY TOLD THEM THEY HAD TO WAIT. AND SO, WHATEVER  
4 YOU DO, WHATEVER CONTRACTS YOU MAKE, WHATEVER ARRANGEMENTS  
5 THAT YOU MAKE FOR EMERGENCY ROOM CARE, ET CETERA, PLEASE  
6 INCLUDE IN YOUR WORK A STUDY FOLLOW-UP AND WAYS BY WHICH WE  
7 CAN TRACK WHAT IS GOING ON. WE BELIEVE THAT PEOPLE ARE DYING  
8 WHO ARE NOT BEING SEEN BECAUSE THE EMERGENCY ROOMS DO NOT HAVE  
9 THE CAPACITY TO TAKE CARE OF THEM. HAVING SAID ALL OF THAT, WE  
10 WANT TO KNOW WHAT THE PLAN REALLY IS. WE HAVE A  
11 RESPONSIBILITY, WHETHER AS AN ELECTED OFFICIAL OR JUST  
12 COMMUNITY LEADERS OR, YOU KNOW, PEOPLE WHO CARE ABOUT WHAT  
13 GOES ON, TO KNOW THAT THERE REALLY TRULY IS A CONTINGENCY  
14 PLAN, AN ALTERNATIVE PLAN THAT WORKS. WE DON'T THINK THAT THE  
15 PLAN THAT'S IN PLACE FOR THE TRAUMA CENTER IS WORKING AND  
16 THERE'S NO REASON WE SHOULD BELIEVE THAT THE PLAN THAT YOU'RE  
17 ALLUDING TO NOW WILL WORK UNLESS YOU DIG A LITTLE BIT DEEPER  
18 AND YOU UNDERSTAND A LITTLE BIT BETTER. MAYBE RANCHO LOS  
19 AMIGOS IS GOING TO ADD TO OUR ABILITY TO BE ABLE TO PROVIDE  
20 THESE SERVICES, I DON'T KNOW BECAUSE I DIDN'T HEAR ABOUT  
21 EMERGENCY SERVICES AT RANCHO LOS AMIGOS. UNLESS YOU EXPAND THE  
22 POSSIBILITIES FOR EMERGENCY CARE, THEN, OF COURSE, WE WOULD  
23 HOPE THAT OTHER HOSPITALS WOULD BE GENEROUS ENOUGH TO ACCEPT  
24 OUR PEOPLE BUT WE KNOW THAT WE'RE NOT WANTED IN A LOT OF  
25 PLACES. AND SO I'M VERY, VERY, VERY CONCERNED. AND, WITH THAT,





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1 LET ME JUST WRAP UP BECAUSE I KNOW YOU WANT TO GET TO OTHERS.  
2 LET ME THANK YOU FOR WHAT YOU HAVE ATTEMPTED TO DO. BUT, YOU  
3 KNOW, IN THE 8 DEFICIENCIES THAT WERE IDENTIFIED, 1 OF THEM  
4 WAS GOVERNING BODY. I DON'T KNOW WHAT THAT MEANS BUT WE'RE  
5 GOING TO HAVE TO TAKE A LOOK AT ALL OF THAT, TOO. I WILL  
6 CONTINUE TO DO MY PART. I WILL CONTINUE TO DO MY PART. AND YOU  
7 KNOW THAT, WHEN YOU CALL ON US FROM THE CALIFORNIA DELEGATION,  
8 FROM THE LOS ANGELES DELEGATION, WE TURN FLIPS TO DO WHATEVER  
9 IS NECESSARY. WE HAVE GOTTEN EXTENSIONS. WE HAVE PUT PRESSURE  
10 ON C.M.S. WE WILL CONTINUE TO LOOK OUT FOR THOSE RESIDENTS  
11 THAT YOU ALLUDED TO. WE WILL WORK WITH YOU. WE LOOK FORWARD TO  
12 WORKING AS HARD AS WE CAN TO LOOK OUT FOR THE LEAST OF THESE.  
13 WE'RE ALL THAT THEY CAN DEPEND ON. THANK YOU VERY MUCH.

14

15 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THANK YOU. [ APPLAUSE ]

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** WE ARE NOW GOING TO...

18

19 **SUP. MOLINA:** MR. YAROSLAVSKY?

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** PLEASE, PLEASE. IT IS TAKING TIME  
22 OUT OF-- WE'RE GOING TO HAVE TO BE DONE BY 3:00 SO WHETHER YOU  
23 APPLAUD OR YOU DON'T APPLAUD, WE'RE GOING TO CUT OFF THE  
24 PUBLIC HEARING BEFORE THEN SO THAT WE CAN TAKE THE ACTIONS WE  
25 NEED TO TAKE.



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1

**SUP. MOLINA:** MR. CHAIRMAN, CAN I JUST RESPOND TO ONE THING. I HAD THE SAME QUESTION AS TO WHAT DOES GOVERNING BODY MEAN? HERE'S WHAT I FOUND OUT. GOVERNING BODY IS US, OKAY? WE'RE THE ONES THAT FAILED THE COMMUNITY BECAUSE WE EMPOWERED THE DIRECTOR, THE DEPARTMENT TO CARRY OUT AND DO THAT WORK AND HE, IN TURN, EMPOWERED THE ADMINISTRATORS AT MARTIN LUTHER KING TO CONTINUE TO TRAIN AND PREPARE THOSE PEOPLE FOR THIS TEST. SO, WHEN IT FAILED, IT FAILED AT THE BOTTOM LEVEL BUT IT FILTERS ALL THE WAY TO US AND WE'RE THE ONES THAT FAILED. SO WE'RE THE ONES THAT, AT THE END OF THE DAY, HAVE TO MAKE THESE DECISIONS. WE ARE THE GOVERNING BODY. AND THAT'S WHY I'M VERY CAREFUL ABOUT WHO I'M GOING TO EMPOWER TO DO ANY OF THIS. I HAVE TO HAVE THE CAPABILITY TO TRUST THEM. AND, UNFORTUNATELY, EVEN THOUGH WE'RE SUPPOSED TO TRUST ALL OF THESE PEOPLE, THERE IS STILL SOME CONCERNS HERE.

17

**SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THANK YOU. ASSEMBLYWOMAN RICHARDSON? TWO MINUTES.

20

**ASSEMBLYWOMAN LAURA RICHARDSON:** THANK YOU, SUPERVISORS, FOR ALLOWING ME TO SPEAK THIS AFTERNOON. MR. ANTONOVICH, I READ THIS MORNING IN THE L.A. TIMES THAT YOU STATED SOMETHING TO THE EFFECT THAT, "LEADERS ARE DEMONSTRATING FOR INADEQUATE CARE." I'D LIKE TO INVITE YOU TO ANY PRESS CONFERENCE THAT WE

25



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1 HAVE. AND I HAVEN'T HEARD A SINGLE LEADER SPEAK ABOUT  
2 SUPPORTING INADEQUATE CARE. WHAT WE HAVE TALKED ABOUT IS THAT  
3 WE INSIST UPON HAVING ADEQUATE CARE IN THIS COUNTY BUT WE ALSO  
4 INSIST THAT IT BE ACCESSIBLE AND AVAILABLE TO EVERYONE WHO  
5 LIVES IN LOS ANGELES. SO PLEASE JOIN US AND I'LL MAKE SURE YOU  
6 GET A FUTURE LIST OF ANY PRESS CONFERENCES THAT WE HAVE.  
7 NUMBER TWO, I'D LIKE TO SAY... [ APPLAUSE ]

8

9 **ASSEMBLYWOMAN LAURA RICHARDSON:** ...I DO NOT UNDERSTAND WHY I  
10 WOULD READ THAT OUR DIRECTOR WOULD STATE, ONLY AFTER GETTING  
11 THE C.M.S. REPORT, THAT, "I CANNOT ASSURE PATIENT SAFETY AT  
12 THE HOSPITAL." WHY IS IT THAT WE HAD TO WAIT UNTIL AFTER A  
13 REPORT? WHAT WAS GOING ON IN TERMS OF MONITORING? WHAT WAS  
14 GOING ON IN TERMS OF ACCOUNTABILITY? THAT SHOULD NOT HAVE  
15 WAITED UNTIL AFTER THE C.M.S. REPORT. AND THEN I HEAR TODAY  
16 THAT, IF HARBOR HAD REALLY TAKEN OVER FROM TOP TO BOTTOM, YOU  
17 KNOW, I KIND OF FEEL LIKE I WAS SOLD A LITTLE, YOU KNOW, BILL  
18 OF GOODS HERE. I THOUGHT HARBOR DID TAKE OVER. THAT'S WHAT WE  
19 WERE TOLD. SO WHAT REALLY DID HAPPEN? AND LET'S MOVE ON TO THE  
20 FUTURE. I'M WILLING TO DO THAT BECAUSE I HOPE TO BE BLESSED  
21 ENOUGH TO WORK WITH YOU. I GOT TO TELL YOU. IF WE'RE TOLD THAT  
22 HARBOR AND ALL OF WHAT IT BRINGS OF U.C.L.A. AND ITS PASSING  
23 ALL OF THE EXAMS, IF WE'RE TOLD THAT THEY'RE GOING TO TAKE  
24 OVER, BY GOLLY, THEY'VE GOT TO DO THAT AND A LOT OF US ARE  
25 GOING TO BE WATCHING VERY CLOSELY TO SEE THAT THAT HAPPENS.



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1 AND THEN, FINALLY, I WANT TO SAY THAT, IF I'M FORTUNATE ENOUGH  
2 TO SERVE AS THE NEXT MEMBER THAT THIS HOSPITAL ACTUALLY SITS  
3 IN, I GOT TO TELL YOU, I WILL NOT TOLERATE, I WILL NOT SUPPORT  
4 PROVIDING FUNDING TO THIS COUNTY FOR ANY OTHER AREA UNLESS WE  
5 KNOW THAT IT'S BEING PROVIDED TO EVERYONE IN LOS ANGELES AND  
6 THAT'S NOT THE CASE TODAY.

7

8 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. ALL RIGHT. COUNCILWOMAN  
9 BERNARD PARKS?

10

11 **ASSEMBLYWOMAN LAURA RICHARDSON:** I THANK YOU FOR YOUR TIME.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, ASSEMBLYWOMAN.

14

15 **ASSEMBLYWOMAN LAURA RICHARDSON:** THANK YOU.

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** GOOD LUCK AND CONGRATULATIONS.  
18 COUNCILMEMBER BERNARD PARKS? COUNCILWOMAN JANICE HAHN AND  
19 COUNCILMAN ISADORE HALL, III. I'LL TRY TO GET EVERYBODY IN.  
20 COUNCILMAN PARKS YOU'RE HERE FIRST.

21

22 **COUNCILMEMBER BERNARD PARKS:** THANK YOU VERY MUCH, MR.  
23 YAROSLAVSKY AND THANK YOU, BOARD, FOR HAVING THIS HEARING. I  
24 WANTED TO COME BY BECAUSE THIS IS PROBABLY THE MOST IMPORTANT  
25 ISSUE IN THE EIGHTH DISTRICT AS IT PERCOLATES THROUGH THE



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1 SYSTEM. I HAD THE GOOD FORTUNE OF BEING A CAPTAIN AT 77TH AND  
2 I THINK IN THE GOLDEN YEARS OF MARTIN LUTHER KING HOSPITAL  
3 WHEN WE TRAINED INTERNS AND MILITARY DOCTORS AT THAT TIME TO  
4 SEND THEM TO PROTECT AND TO ASSIST OUR MILITARY IN VARIOUS  
5 WARS AND OCCUPATIONS THROUGHOUT THE WORLD. WE HAVE SEEN, OVER  
6 TIME, THAT THAT GOLDEN IMAGE HAS BEEN TARNISHED AND I THINK A  
7 COUPLE THINGS I'VE HAVE SEEN OVER THE YEARS THAT HAVE BEEN  
8 SOMEWHAT UNFORTUNATE IS THAT THOSE WHO HAVE SAID, CLEARLY,  
9 THAT WE NEED TO KEEP THE HOSPITAL HAVE BEEN LABELED AS THOSE  
10 WHO SAY WE SHOULD KEEP IT AT ALL COST AND THAT THERE WAS A  
11 VIEW THAT THEY SUPPORTED THE LACK OF COMPETENCE. AND I DON'T  
12 THINK THAT'S TRUE. I THINK ALSO THE MISINFORMATION ON SOME OF  
13 THE REPORTING HAS FAILED TO IDENTIFY JUST HOW IMPORTANT MARTIN  
14 LUTHER KING HOSPITAL IS TO THE SOUTH LOS ANGELES AND SOUTHERN  
15 CALIFORNIA HOSPITAL REGION, THAT IT FITS INTO A VARIETY OF  
16 COMPLEX HOSPITAL CARE THAT, IF WE LOSE IT, IT CERTAINLY IS  
17 GOING TO OVERBURDEN A VARIETY OF HOSPITALS. AND I THINK THAT'S  
18 SOMETHING THAT'S VERY IMPORTANT FOR US TO REALIZE. IT'S JUST  
19 NOT A SINGLE HOSPITAL STANDING ON ITS OWN. ALSO, I WOULD LIKE  
20 TO SAY FROM MY PERSONAL RELATIONSHIP WITH MANY OF THE  
21 EMPLOYEES AT MARTIN LUTHER KING, I THINK THAT MOST OF THEM ARE  
22 OF VERY HIGH QUALITY AND INTEGRITY. BUT I THINK ALSO THAT,  
23 JUST AS WE JUST EXPERIENCED IN THE EIGHTH DISTRICT WHEN  
24 CRENSHAW HIGH SCHOOL WAS DECERTIFIED, THAT PEOPLE WANTED TO  
25 LABEL ALL THE STUDENTS AND ALL THE TEACHERS AS NEGATIVES. WE



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1 FOUND OUT LATER THAT THAT WAS NOT SO. I THINK THAT'S THE SAME  
2 ISSUE WE NEED TO GUARD AGAINST AS IT RELATES TO MARTIN LUTHER  
3 KING IN THAT WE NOT MISLABEL THOSE WHO ARE TRYING TO PROVIDE  
4 THAT SERVICE. SAYING THAT, I ALSO REALIZE THE LAST THING YOU  
5 CAN AFFORD WHEN YOU'RE ILL OR INJURED IS TO WORRY ABOUT  
6 WHETHER THE CARE IS MOST APPROPRIATE. SO IT IS IMPORTANT THAT  
7 WE HAVE A HOSPITAL BUT ALSO THAT HOSPITAL GIVES THE MOST  
8 IMPORTANT CARE-- THE MOST HIGH LEVEL CARE. THERE'S SEVERAL  
9 THINGS I'D JUST LIKE AS A QUICK FAVOR THAT WOULD BE VERY  
10 HELPFUL TO THE COMMUNITY I REPRESENT. WE'VE HEARD COMMENTS IN  
11 THE NEWS THAT THE HOSPITAL'S CLOSED. YET WE HEAR TODAY, IN  
12 OTHER PARTS OF THE NEWS, THAT SOME SERVICES ARE THERE. SO  
13 CLARIFYING WHAT IS OPEN AND WHAT IS CLOSED WOULD BE VERY, VERY  
14 HELPFUL TO THE COMMUNITY. ANOTHER ISSUE THAT WOULD BE VERY  
15 IMPORTANT IS THAT, WITH THIS ARRAY OF HOSPITALS THAT WILL PICK  
16 UP THOSE SUPPORTING EMERGENCY CASES, UNDERSTANDING LOCATION  
17 AND PUBLIC TRANSPORTATION TO THOSE FACILITIES WOULD BE VERY  
18 HELPFUL SO PEOPLE WOULD KNOW HOW TO GAIN ACCESS TO THEM WOULD  
19 BE A MAJOR ISSUE. ALSO, THE ISSUE OF DEALING WITH THE \$200  
20 MILLION. WE'VE HEARD A COUPLE OF DIFFERENT EXPLANATIONS. ONE  
21 IS WHICH THE MONEY WAS COMING TO THE COUNTY. THEY WOULD  
22 DISPERSE IT TO OTHER HOSPITALS THAT WERE GOING TO PICK UP THIS  
23 OVERLAP OF SERVICES. THEN WE HEARD TODAY THAT A PORTION OF THE  
24 MONEY MAY BE COMING TO THE COUNTY BUT OTHER PORTIONS WILL GO  
25 THROUGH HOSPITALS IN THE STATE OF CALIFORNIA. BUT THAT MARTIN





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1 LUTHER KING WOULD PICK UP ANOTHER PART OF THE FUNDING DUE TO  
2 URGENT CARE. THAT'S SOMETHING I THINK NEEDS TO BE CLARIFIED SO  
3 THAT THERE IS A SENSE THAT, WHEN PEOPLE ARE SENT TO THESE  
4 OTHER HOSPITALS, THAT THERE'S GOING TO BE ENOUGH PERSONNEL AND  
5 RESOURCES THAT WILL ACCOMMODATE THEM SO THAT THEY'RE NOT LET  
6 GO. ANOTHER ISSUE IS WHAT IS URGENT CARE? I DON'T BELIEVE  
7 PEOPLE CLEARLY UNDERSTAND THAT. FROM WHAT I'VE BEEN ABLE TO  
8 READ, IT DOES PROVIDE A TREMENDOUS AMOUNT OF MEDICAL...

9

10 **SUP. YAROSLAVSKY, CHAIRMAN:** I THINK YOU MAY HAVE COME A LITTLE  
11 LATER BUT WE WENT INTO THIS IN SOME DETAIL AT THE BEGINNING OF  
12 THE HEARING AND THAT'S A VERY GOOD POINT AND WE WANT TO GET  
13 THAT MESSAGE ACROSS.

14

15 **COUNCILMEMBER BERNARD PARKS:** AND THEN THE LAST COUPLE THINGS  
16 I'D LIKE TO JUST ASK FOR IS I THINK A COUPLE PEOPLE ASKED  
17 EARLIER IF WE COULD HAVE THAT 12-MONTH OR 8-MONTH PLAN OF  
18 ACTION WITH MILESTONES SO THAT THE COMMUNITY KNOWS THAT  
19 PROGRESS IS BEING MADE, WHAT IS GOING TO BE THE ULTIMATE  
20 SOLUTION AND HOW WE'RE GOING TO GET THE HOSPITAL REOPENED IS  
21 GOING TO BE A MAJOR PLUS SO PEOPLE CAN LOOK, MONITOR AND BE  
22 AWARE OF. AND THEN FINALLY, JAN HAHN AND MYSELF WERE GOING TO  
23 PUT FORTH A MOTION ON CITY COUNCIL TO MAKE OURSELVES AVAILABLE  
24 WITHIN CITY GOVERNMENT TO BE SUPPORTIVE OF WHAT THE BOARD  
25 NEEDS THAT WE, AS A CITY, CAN PROVIDE AND ASSISTING WHETHER





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1 IT'S PASSING ON INFORMATION OR OTHER RESOURCES THAT WE CAN BE  
2 A VITAL PART IN BRINGING THIS HOSPITAL BACK.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THANK YOU. THANKS,  
5 APPRECIATE IT. BEFORE MS. HAHN SPEAKS, IS COUNCILMAN HALL  
6 HERE? MIKE GIPSON, COUNCILMEMBER FROM CARSON, IS HE HERE?  
7 OKAY, COME ON DOWN. COUNCILWOMAN HAHN?

8

9 **COUNCILWOMAN JANICE HAHN:** THANK YOU, AS YOU'RE WELL AWARE, I  
10 HAVE BEEN HERE MANY TIMES OVER THE PAST SEVERAL YEARS  
11 TESTIFYING BEFORE YOU REGARDING MARTIN LUTHER KING JR.  
12 HOSPITAL BUT SADLY TODAY IS DIFFERENT. I CAN NO LONGER BEG YOU  
13 TO KEEP THIS HOSPITAL OPEN. I CAN NO LONGER BEG YOU TO FIND A  
14 WAY TO FIX THE PROBLEMS. I WILL NEVER FULLY UNDERSTAND HOW WE  
15 GOT WHERE WE ARE TODAY BUT TODAY IS NOT ABOUT BLAME. IT IS  
16 ABOUT MOVING FORWARD. IT IS ABOUT WORKING TOGETHER TO PROVIDE  
17 QUALITY MEDICAL CARE TO THE PEOPLE OF WATTS AND WILLOWBROOK  
18 AND I WANT TO BE PART OF THAT SOLUTION. I KNOW THE CHALLENGES  
19 OF BUILDING A NEW HOSPITAL IN THIS COMMUNITY. I REMEMBER THE  
20 CHALLENGES THAT MY FATHER FACED WHEN HE SAT ON THIS BOARD,  
21 TRYING TO CONVINCE HIS COLLEAGUES ON THAT BOARD THAT THIS  
22 COMMUNITY NEEDED A HOSPITAL. I REMEMBER WHEN HE TRIED TO  
23 CONVINCE THE LOS ANGELES COUNTY VOTERS THAT THIS COMMUNITY  
24 DESERVED A HOSPITAL. HE FAILED IN BOTH OF THOSE EFFORTS. IT  
25 WAS ONLY THROUGH A JOINT POWERS AUTHORITY THAT THAT HOSPITAL



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1 WAS ABLE TO BE BUILT. SO THIS AFTERNOON I'M HERE TO ASK YOU TO  
2 DO WHATEVER IT IS WITHIN YOUR POWER TO GET A HOSPITAL REOPENED  
3 AND RUN EFFECTIVELY AND IF THAT'S BY PROVIDING A PRIVATE  
4 PROVIDER, THEN SO BE IT. URGENT CARE IS OKAY BUT IT'S NOT  
5 ENOUGH. I REPRESENT ALMOST 40,000 PEOPLE IN THE COMMUNITY OF  
6 WATTS WHERE WE HAVE FOUR PUBLIC HOUSING DEVELOPMENTS AND THE  
7 PEOPLE I REPRESENT HAVE NO OTHER HEALTHCARE OPTIONS. I'M NOT  
8 QUITE AS CONFIDENT AS CONGRESSWOMAN MAXINE WATERS THAT YOU  
9 WILL REOPEN THIS HOSPITAL. I'VE WATCHED IN PAIN THE LAST FEW  
10 YEARS AS I'VE SEEN YOU TAKE BAD ADVICE FROM DR. GARTHWAITE,  
11 PUT IN THE PEOPLE THAT DID NOT SOLVE THE PROBLEM, CLOSE THE  
12 TRAUMA CENTER, DECOMPRESS SO THAT YOU COULD FIX THE PROBLEMS,  
13 MOVE NEONATAL I.C.U. MANY, MANY MILES AWAY FROM WHERE THE  
14 MOTHER WOULD WANT TO BE WITH HER SICK CHILD. SO I'M NOT AS  
15 CONFIDENT BUT I HAVE TO HAVE HOPE THAT YOU WILL UNDERSTAND THE  
16 NECESSITY OF REOPENING THIS HOSPITAL.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THANK YOU. COUNCILMAN  
19 GIBSON?

20

21 **COUNCILMAN MIKE GIPSON:** THANK YOU VERY MUCH. MIKE GIPSON, I  
22 REPRESENT THE 100,000 RESIDENTS OF THE CITY OF CARSON BUT,  
23 MOST IMPORTANTLY, AS A YOUNG MAN WHO GREW UP IN THE WATTS  
24 AREA, MOST IMPORTANTLY, THIS HOSPITAL SAVED MY MOTHER'S LIFE.  
25 MY MOTHER HAD A HEART ATTACK AND WAS RUSHED TO MARTIN LUTHER



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1 KING HOSPITAL WHERE SHE RECEIVED THE BEST OF CARE THAT SAVED  
2 MY MOTHER'S LIFE. I'M QUITE CONCERNED AND VERY DISTURBED THAT  
3 THE SERVICES WILL BE INTERRUPTED. I'M CONCERNED THAT PEOPLE  
4 WILL ALSO HAVE SIMILAR EMERGENCIES IN THE COMMUNITY, WON'T  
5 HAVE THESE KIND OF SERVICES ACCESSIBLE IN THE MOST RESPONSIVE  
6 TIME NECESSARY TO SAVE THEIR LIVES, AS WELL. I AM CONCERNED  
7 TODAY THAT MARTIN LUTHER KING HOSPITAL WON'T BE THE SAME AND  
8 IT'S NOT ABOUT APPOINTING BLAME. CLEARLY, THE BLAME CAN BE  
9 SHARED AMONG A NUMBER OF PEOPLE. I THINK FULL DISCLOSURE IS  
10 MOST IMPORTANT. SUPERVISOR GLORIA MOLINA HAD ALREADY  
11 ARTICULATED THAT PARTICULAR POINT. I THINK A REPORT NEEDS TO  
12 BE MADE ACCESSIBLE TO THE COMMUNITY SO THAT EVERYONE CAN SEE  
13 EXACTLY WHAT TRANSPIRED, WHAT WENT WRONG AND I THINK THIS  
14 COMMUNITY DESERVES IT. AND I THINK THEY NEED A SHORT WINDOW OF  
15 ASSURANCES THAT WILL LET US KNOW WHEN THESE SERVICES WILL BE  
16 RESTORED BACK TO THIS HOSPITAL. I'M ALSO CONCERNED THAT, IN  
17 THE INTERIM, THAT THERE WILL BE CASUALTIES. THERE WILL BE  
18 LIVES LOST. AND THAT'S NOT SOMETHING THAT I CAN SIT BY AND  
19 WATCH HAPPEN. EVEN THOUGH I DON'T LIVE IN THE COMMUNITY, EVEN  
20 THOUGH I DON'T REPRESENT THAT COMMUNITY, I STILL HAVE DEEP  
21 ROOTS TO THIS COMMUNITY. AND SO I AM WILLING TO DO WHATEVER I  
22 CAN DO TO HELP RAISE THE AWARENESS OF THE COMMUNITY IN TERMS  
23 OF WHAT SERVICES WILL BE PROVIDED. I WANT TO MAKE SURE THAT  
24 THE REPORT IS MADE AVAILABLE AND JUST LIKE COUNCILMAN BERNARD  
25 PARKS AND ALSO JANICE HAHN HAS INDICATED THAT WE WANT TO DO,



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1 AS THE CITY OF CARSON, EVERYTHING WE CAN TO MAKE SURE THAT WE  
2 DISSEMINATE INFORMATION THAT THE COMMUNITY NEEDS.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU.

5

6 **COUNCILMAN MIKE GIPSON:** THANK YOU.

7

8 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, COUNCILMAN. WE WILL GO  
9 TO 1 MINUTE NOW. [ APPLAUSE ]

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** I'M GOING TO CALL FOR FOUR PEOPLE  
12 UP AT A TIME. KATHY OCHOA, BOBBIE JEAN ANDERSON, ROBERT COLE  
13 AND HECTOR FLORES. KATHY OCHOA? SERGEANT, WOULD YOU PLEASE--  
14 YOU'RE NOT ON YET. YOU'RE IN HERE. AND I WILL CALL YOU WHEN  
15 YOUR NAME COMES UP. IT'S IN THE ORDER THAT WE GOT IT. I DON'T  
16 KNOW WHO-- BOBBIE JEAN ANDERSON? OKAY. THEN LET ME ASK BARBARA  
17 SIEGEL TO COME UP? YOU'LL GET UP, GRIFF. JUST IN ORDER. MISS  
18 OCHOA, YOU'RE ON.

19

20 **KATHY OCHOA:** SUPERVISORS, DR. MARTIN LUTHER KING, JR. SAID,  
21 "OF ALL THE FORMS OF INEQUALITY, INJUSTICE IN HEALTHCARE IS  
22 THE MOST SHOCKING AND INHUMANE." AS A VISIONARY AND HUMAN  
23 RIGHTS ACTIVIST, DR. KING FOUGHT INEQUALITY ON MANY FRONTS. HE  
24 ENVISIONED A FUTURE FOR ALL IN WHICH ACCESS TO CARE WAS BLIND  
25 TO RACIAL AND ETHNIC DISPARITIES. THESE DISPARITIES, HOWEVER,



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1 CONTINUE TO BE PREVALENT AND PERSISTENT WITHIN THE COMMUNITY  
2 THAT KING-HARBOR SERVES. AMID ALL THE DEBATE REGARDING KING-  
3 HARBOR HOSPITAL, ONE THING IS NOT DEBATABLE. THE STATUS QUO IS  
4 UNACCEPTABLE. NOTWITHSTANDING THE EXTRAORDINARY EFFORTS OF THE  
5 LEADERSHIP AND STAFF OF THE HOSPITAL AND THE TREMENDOUS  
6 IMPROVEMENTS WHICH C.M.S. RECOGNIZED, WE DID NOT PASS OUR  
7 INSPECTIONS AND OUR MEMBERS ARE DEVASTATED BY THIS OUTCOME.  
8 WHILE THE FUTURE OF KING IS UNCLEAR AND THE DECISION BY THE  
9 FEDERAL GOVERNMENT IS DISAPPOINTING, WE NEED TO WORK TOGETHER  
10 QUICKLY TO REOPEN THIS FACILITY. IN THE SHORT TERM, THE  
11 EMPLOYEES OF KING-HARBOR NEED TO BE ENSURED A FAIR AND  
12 EQUITABLE PROCESS BY WHICH THEY WILL BE PLACED IN JOBS, EITHER  
13 AT THE SITE OF KING-HARBOR, IN VACANCIES THROUGHOUT D.H.S.  
14 AND, IF NECESSARY, OTHER COUNTY DEPARTMENTS. WE LOOK FORWARD  
15 TO WORKING WITH ALL INTERESTED PARTIES TO DEVELOP A TRANSITION  
16 PLAN FOR THE MEMBERS WE REPRESENT AS THEY LEAVE KING-HARBOR  
17 AND AS THEY ARE INTEGRATED INTO NEW FACILITIES ACROSS OUR  
18 SYSTEM WHILE THE NEXT STEPS FOR A NEW HOSPITAL ARE FORMULATED.  
19  
20 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THANK YOU. I'M GOING TO ASK-  
21 - THANK YOU, MISS OCHOA AND I APOLOGIZE FOR CUTTING YOU OFF. I  
22 WANT TO MAKE SURE EVERYBODY GETS A CHANCE TO BE HEARD AND IF  
23 YOU HAVE SOMETHING THAT IS WRITTEN, PLEASE SUBMIT IT SO THAT  
24 WE CAN HAVE IT.

25



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1   **KATHY OCHOA:** HERE, GLORIA. THIS IS FOR GLORIA.

2

3   **SUP. YAROSLAVSKY, CHAIRMAN:** ROBERT COLE IS NEXT. AND THEN  
4   SILVIA ARGUETA? MR. COLE?

5

6   **ROBERT COLE:** YES, THANK YOU, ROBERT COLE, CHIEF OF STAFF FOR  
7   ASSEMBLYMEMBER PRICE. WE, TOO, HAVE EXPERIENCED A SIMILAR  
8   SITUATION WITH THE CLOSURE DOWNEY FREEMAN AND THE KING  
9   SERVICES THOUSANDS OF OUR CONSTITUENTS. WE'VE RECEIVED MANY  
10   CALLS ABOUT THE AMBULANCES CIRCLING THE COMMUNITY LIKE A  
11   AIRPLANE DOES AN AIRPORT AND WE ARE VERY, VERY CONCERNED ABOUT  
12   THAT. WE ARE CONCERNED ABOUT THE MANY PATIENTS, NOT  
13   NECESSARILY FOR THE NEED OF URGENT CARE BUT THE NEED OF  
14   EMERGENCY CARE. WHAT ABOUT THE MANY STUDENTS THAT HAVE  
15   TRAINED? MY WIFE, WHO IS A SPECIALIST, TRAINED AT KING AND  
16   SHE'S PROBABLY 1 OF 5 WOMEN IN THE STATE OF CALIFORNIA WITH  
17   HER SKILLS. THE STUDENTS ARE GOING TO BE SUFFER DISADVANTAGED  
18   SITUATIONS, AS WELL. AND LAST BUT NOT LEAST ON A PERSONAL NOT  
19   FOR A PERSON WHO ATTENDED DR. KING'S ALMA MATER, MY CONCERN IS  
20   WHAT HAPPENS TO THE NAME OF THE HOSPITAL? HAS ANYONE TALKED  
21   ABOUT CHANGING THE NAME BECAUSE WHAT HE STOOD FOR AND  
22   REPRESENTED TO THIS COMMUNITY YEARS AGO WHEN COUNCILWOMAN HAHN  
23   SPOKE ABOUT HER FATHER AND DR. KING'S RELATIONSHIP, WHAT  
24   HAPPENS TO THE NAME OF SOMEONE WHO STOOD FOR SO MUCH IN THIS  
25   COMMUNITY? THANK YOU SO MUCH.





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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. DR. FLORES, YOU'RE  
3 NEXT. LET ME JUST CALL UP DR. EARL SCOTT, IS HE HERE? DR.  
4 SCOTT? HE IS HERE. OKAY. DR. FLORES?

5

6 **DR. HECTOR FLORES:** THANK YOU VERY MUCH. MY NAME IS HECTOR  
7 FLORES. I'M THE MEDICAL DIRECTOR FOR FAMILY CARE SPECIALISTS  
8 SERVING PATIENTS IN THE EAST LOS ANGELES AREA. ALSO A MEMBER  
9 OF THE WHITE MEMORIAL MEDICAL CENTER MEDICAL STAFF, WHICH IS A  
10 WILLING PARTNER TO YOUR CONTINGENCY PLANNING AND ALSO, AS YOU  
11 KNOW ME FROM THE FORMER CHAIR OF THE HOSPITAL ADVISORY BOARD.  
12 I HAVE THREE RECOMMENDATIONS THAT HOPEFULLY WILL HELP AVOID  
13 SOME OF THE ISSUES THAT PLAGUE THE FACILITY AT MARTIN LUTHER  
14 KING HARBOR AND THAT MAY HELP YOU AVOID SIMILAR MISTAKES WITH  
15 OTHER COUNTY FACILITIES OR PRIVATE SECTOR. NUMBER ONE, THAT I  
16 WOULD RECOMMEND THAT YOU NEED A COMPLETE AND THOROUGH AND  
17 UNRESTRICTED ASSESSMENT OF WHAT HAPPENED AT MARTIN LUTHER KING  
18 HARBOR AND THAT YOUR BOARD COMPOSE AN EXECUTIVE LEVEL TEAM LED  
19 BY MS. SMITH- EPPS, THE C.E.O. OF THE HOSPITAL, AND INSTRUCT  
20 THEM TO WORK UNDER THE PROTECTION OF SECTION 1157 CALIFORNIA  
21 EVIDENCE CODE AND THE COUNTY REGULATIONS FOR PRIVACY REGARDING  
22 MATTERS THAT MAY LEAD TO LITIGATION SO THAT THEY CAN WORK  
23 UNENCUMBERED TO GIVE YOU A CLEAR, CONCISE, CONFIDENTIAL AND  
24 HARD HITTING POSTMORTEM ON WHAT HAPPENED AT MARTIN LUTHER  
25 KING. RECOMMENDATION NUMBER 2 IS THAT WE NEED TO MOVE ON. I





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1 APPRECIATE DR. CHERNOF'S CONTINGENCY PLANNING. I THINK THAT  
2 THE PRIVATE SECTOR CAN BE A VERY IMPORTANT PARTNER IN YOUR  
3 ENDEAVORS. MR. YAROSLAVSKY, YOU ASKED A QUESTION, WHY  
4 SUBSIDIZE THE PRIVATE SECTOR? I THINK THAT THIS IS A KEY ISSUE  
5 RELATED TO THE SAFETY NET AND HOW PARTNERSHIP INCLUDES SHARING  
6 OF RESOURCES THAT WILL MAINTAIN THE RESPONSIBILITY WE ALL HAVE  
7 TO THE PEOPLE OF LOS ANGELES COUNTY. AND RECOMMENDATION NUMBER  
8 3, THAT WE LOOK TO THE U.C. SYSTEM TO OPEN UP THE NEW  
9 FACILITY. IT MAKES A LOT OF SENSE. THERE'S PRECEDENT. AND I  
10 THINK IT SHOULD BE CALLED MARTIN LUTHER KING. WE NEED TO  
11 RESTORE THE GOOD NAME OF DR. KING AND HIS FAMILY AND GO FROM  
12 KILLER KING TO A NEW NAME, WHICH IS THE KINDER, CARING,  
13 CULTURALLY AND CLINICALLY COMPETENT KING.

14

15 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. [ APPLAUSE ]

16

17 **SUP. YAROSLAVSKY, CHAIRMAN:** MARK GAMBLE. BARBARA SIEGEL?

18

19 **BARBARA SIEGEL:** BARBARA SIEGEL FROM NEIGHBORHOOD LEGAL  
20 SERVICES, HEALTH CONSUMER CENTER. I WOULD LIKE TO GO BACK TO  
21 THE OPENING WORDS TODAY, WHICH IS OPPORTUNITY. I DO SEE THIS  
22 AS AN OPPORTUNITY TO BRING A LEVEL OF QUALITY MEDICAL SERVICES  
23 INTO A COMMUNITY THAT HAS NOT PREVIOUSLY HAD IT BUT THESE  
24 SERVICES MUST RESPOND TO THE COMMUNITY NEED AND IT MUST BE  
25 MORE THAN JUST MOVING CARE TO OTHER HOSPITAL SITES. THIS IS



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1 GOOD AS A TEMPORARY MEASURE. EVEN WITH A HOSPITAL, THIS  
2 COMMUNITY HAS THE WORST INDICIA OF HEALTH DISPARITIES AND  
3 BURDENS OF ANYWHERE IN THE COUNTY. AND, WITHOUT A HOSPITAL, I  
4 DO NOT SEE HOW WE ARE GOING TO REMEDY THAT WITHOUT TRULY  
5 BRINGING MORE SERVICES, PARTICULARLY AMBULATORY AND SPECIALTY  
6 CARE INTO THE COMMUNITY. THE QUESTION CAME UP HERE AS TO WHY  
7 DANIEL FREEMAN DID NOT PAY OTHER HOSPITALS FOR BRINGING-- FOR  
8 ABSORBING SOME OF THEIR EMERGENCY CARE. IN FACT, THE COUNTY  
9 HAS DIFFERENT OBLIGATIONS UNDER WELFARE AND INSTITUTION CODE  
10 17,000 SUCH AS THE COUNTY IS OBLIGATED TO PAY FOR CARE IN A  
11 MANNER THAT A PRIVATE HOSPITAL IS NOT. LASTLY, I WOULD LIKE TO  
12 ADDRESS THE BEILENSON ISSUE, I WAS ONE OF THE COUNCIL ON THE  
13 U.A.P.D. CASE AND THE WAY THAT MISCORP READ THE AGREEMENT  
14 THERE IS SOME DISCRETION IN HOW QUICKLY THAT BEILENSON HEARING  
15 COULD BE HEARD. HOWEVER, IT WAS INTENDED TO GIVE THE COMMUNITY  
16 SOME INPUT INTO CHANGES. THERE ARE SOME IMMEDIATE CHANGES HERE  
17 THAT THE COMMUNITY COULD BE VERY HELPFUL IN RESOLVING, IN  
18 PARTICULAR, THERE'S BEEN A MAJOR TRANSPORTATION PROBLEM WITH  
19 GETTING INDIVIDUALS TO OTHER PARTS OF THE COUNTY. THAT'S AN  
20 IMMEDIATE NEED. HOWEVER, WE WOULD ABSOLUTELY FEEL THAT THE  
21 SETTLEMENT WAS COMPLIED WITH IF THAT BEILENSON HEARING WERE  
22 DELAYED UNTIL APPROXIMATELY OCTOBER.

23  
24 **SUP. YAROSLAVSKY, CHAIRMAN:** YOU WOULD?  
25



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1 **BARBARA SIEGEL:** WE WOULD FEEL COMFORTABLE IF THE BEILENSON  
2 HEARING...

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** DELAY THE BEILENSON HEARING UNTIL  
5 OCTOBER?

6

7 **BARBARA SIEGEL:** WE WOULD BE VERY COMFORTABLE WITH THAT.

8

9 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. SO WE'LL BE-- OUR  
10 COUNSEL WILL TALK TO YOU AND WE'LL ALL COORDINATE IT.

11

12 **BARBARA SIEGEL:** THAT WOULD BE, OF COURSE, WITH MS. MOLINA'S  
13 STIPULATION FOR THE RELEASE OF THE ENTIRE REPORT. I THINK THAT  
14 WOULD BE VERY HELPFUL TO THE COMMUNITY.

15

16 **SUP. YAROSLAVSKY, CHAIRMAN:** I THINK THE REPORT'S GOING TO BE  
17 RELEASED TODAY.

18

19 **BARBARA SIEGEL:** THANK YOU.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** I DON'T THINK THERE'S ANY  
22 OBJECTION TO THAT. THAT'S GOING TO HAPPEN TODAY. SILVIA  
23 ARGUETA IS NEXT. AND RICHARD GUESS, DR. RICHARD GUESS? MISS  
24 ARGUETA?

25



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1   **SILVIA ARGUETA:** GOOD AFTERNOON, SUPERVISORS. MY NAME IS SILVIA  
2   ARGUETA, I'M AN ATTORNEY WITH THE LEGAL AID FOUNDATION OF LOS  
3   ANGELES AND ALSO COUNSEL ON U.A.P.D. WITH REGARD TO THE  
4   BEILENSON HEARING, WE OBVIOUSLY CONCUR THAT IT CAN BE DELAYED  
5   UNTIL OCTOBER. BUT, MORE IMPORTANTLY, I THINK THAT, PRIOR TO  
6   OCTOBER, WHAT NEEDS TO HAPPEN IS MORE URGENT INFORMATION THAT  
7   THE COMMUNITY NEEDS REGARDING TRANSPORTATION AND WHERE THEY  
8   CAN GO, WHAT LOCATIONS THEY CAN GO TO NOW THAT YOU'VE CLOSED  
9   THE EMERGENCY DEPARTMENT. ONE OF THE THINGS THAT HAPPENED ON  
10  FRIDAY IS THAT, WHILE THE ANNOUNCEMENT WAS MADE THAT THE E.D.  
11  WAS CLOSING AND THE COMMUNICATION WAS HAD TO THE AMBULANCES,  
12  THE COMMUNITY, IN FACT, DIDN'T KNOW WHERE TO GO AND DIDN'T  
13  REALLY RECEIVE THE INFORMATION THAT IT NEEDED IN ORDER FOR IT  
14  TO KNOW THAT, IF THEY SHOWED UP WALKING INTO THE EMERGENCY  
15  DEPARTMENT AT KING-HARBOR, THEY WOULD HAVE A PLACE TO GO TO.  
16  THERE WAS A SIGN BUT I THINK MORE NEEDS TO HAPPEN. AND, FROM  
17  OUR POINT OF VIEW, WE NEED TO HAVE INFORMATION REGARDING  
18  TRANSPORTATION, WHERE THEY CAN GET IT, HOW THEY CAN GET IT,  
19  WHO WILL PROVIDE IT. LOCATION TO NEW FACILITIES, WHERE THEY  
20  ARE, HOW CLOSE THEY ARE AND, AGAIN, HOW THEY'RE SUPPOSED TO  
21  GET THERE. IN TERMS OF YOUR INPATIENTS, MAKING SURE THAT YOUR  
22  MEDICAL RECORDS FOLLOW YOUR PATIENTS THAT ARE BEING MOVED TO  
23  OTHER HOSPITALS SUCH AS RANCHO LOS AMIGOS, THAT HAS BEEN A  
24  PROBLEM IN THE PAST WHEN YOU'VE CLOSED COMMUNITY CLINICS AND  
25  WE HOPE THAT IT'S NOT REPEATED ONCE AGAIN BECAUSE THE PATIENT



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1 SHOULD BE FIRST AND FOREMOST AND THEIR TRANSFER SHOULD BE  
2 CAREFULLY DONE. THANK YOU.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. DR. SCOTT AND THEN DR.  
5 LEE WEISS? IS LEE WEISS?

6

7 **DR. EDWARD SCOTT:** DR. EDWARD E. SCOTT, I'M FOUNDER...

8

9 **SUP. YAROSLAVSKY, CHAIRMAN:** HANG ON. DR. SCOTT, HANG ON ONE  
10 SECOND? IS DR. LEE WEISS HERE? NOT HERE. MICHAEL REMBIS? OKAY,  
11 DR. SCOTT YOU'RE ON.

12

13 **DR. EDWARD SCOTT:** DR. E. SCOTT, I'M FOUNDER OF THE BLACK  
14 FOUNDATION, CHAIRMAN OF THE BOARD OF TRUSTEES. BLACK  
15 FOUNDATION IS A COMMUNITY-BASED ORGANIZATION FOUNDED HERE IN  
16 LOS ANGELES 15 YEARS AGO. OUR MOTTO IS THE GREATEST GOOD TO  
17 THE GREATEST NUMBER. WE HAVE A ACTION PLAN THAT WE'D LIKE TO  
18 SUBMIT TO YOU AND BE A PART OF THAT TRANSITION TEAM. IT'S A  
19 PLAN, A COMPREHENSIVE, SUPERVISOR, A COMPREHENSIVE ACTION PLAN  
20 IN ITS INITIATIVE TO RESTORE, MAINTAIN AND PRESERVE KING-DREW  
21 MEDICAL CENTER. I'M AVAILABLE. MADE IT A TOP PRIORITY TO WORK  
22 WITH EVERYONE TO MAKE SURE THAT OUR INPUT IS THERE. AND, TRUST  
23 ME, I DO HAVE MANY CONTACTS TO SHARE AS TO HOW WE CAN RESOLVE  
24 THE ISSUE. THANK YOU. NATIONALLY AND INTERNATIONALLY.

25



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1   **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, DR. SCOTT. MR. GAMBLE,  
2   YOU'LL BE NEXT. LET ME CALL ROSALIO LOPEZ. DR. ROSALIO LOPEZ?  
3   IS HE HERE? SORRY. DR. LOPEZ IS COMING UP, OKAY. MR. GAMBLE?

4  
5   **MARK GAMBLE:** MR. CHAIRMAN, MEMBERS OF THE BOARD, GOOD  
6   AFTERNOON. MARK GAMBLE WITH THE HOSPITAL ASSOCIATION OF  
7   SOUTHERN CALIFORNIA. AND, AS I'VE SAID AT ALMOST EVERY ONE OF  
8   THE E.M.S. COMMISSION HEARINGS WHEN A HOSPITAL HAS CLOSED,  
9   I'VE SAID THERE ARE CONCERNS THAT THE REMAINING SAFETY NET  
10   WILL NOT HAVE THE CAPACITY OR RESOURCES TO MEET THE INCREASED  
11   DEMAND FOR 9-1-1 OR WALK-IN PATIENTS. THE CONTINGENCY PLAN,  
12   WHICH IS UNPRECEDENTED AND ATTEMPTS TO ADDRESS THE IMPACT ON  
13   THE SAFETY NET, WILL NOT BE ABLE TO DO IT ALONE. THAT IS WHY  
14   WE HAVE GONE-- THE HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA  
15   AND THE CALIFORNIA HOSPITAL ASSOCIATION HAVE STARTED  
16   DISCUSSIONS WITH C.M.S. FOR OTHER POSSIBLE SOLUTIONS. WE ARE  
17   TALKING TO THEM TO HELP AUGMENT WHAT THE COUNTY IS TRYING TO  
18   DO. WE ALSO HAVE CONCERNS WITH THE PLAN ITSELF AS PRESENTED  
19   AND WE DISCUSSED THAT ON A CONFERENCE CALL THIS MORNING WITH  
20   THE DEPARTMENT. AND I WILL OUTLINE THOSE FURTHER IN A LETTER  
21   TO YOU AS YOU'VE ASKED BECAUSE, IN THE 13 SECONDS, IT'S GOING  
22   TO BE HARD TO SUMMARIZE THEM. BUT OUR CONCERN IS THAT THE PLAN  
23   WILL NOT ACCOMPLISH WHAT IT'S INTENDING TO DO, EVEN THOUGH IT  
24   HAS VERY GOOD INTENTIONS AND WE DON'T THINK THE FUND IS  
25   ADEQUATE ENOUGH.



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** I THINK ACTUALLY YOU COULD HAVE  
3 SUMMARIZED IT IN LESS THAN 11 SECONDS. YOU COULD HAVE JUST  
4 SAID WE WANT MORE MONEY. THAT WOULD HAVE SUMMARIZED IT PRETTY  
5 WELL. THANK YOU, THOUGH. WE'LL LOOK FORWARD TO GETTING YOUR  
6 LETTER. DR. GUESS, YOU'RE NEXT. BUT BEFORE LET ME JUST-- MARY  
7 IS IT GRIFFIETH? MARY GRIFFIETH. DR. GUESS?

8

9 **DR. RICHARD GUESS:** THANK YOU. MY NAME IS RICH GUESS. I'M THE  
10 EMERGENCY MEDICAL EMERGENCY DIRECTOR AT DOWNEY REGIONAL  
11 MEDICAL CENTER. WE'RE A VERY BUSY FACILITY. WE SEE OVER 50,000  
12 PATIENTS A YEAR WITH ONLY ABOUT 180 BEDS AS AN INPATIENT SO  
13 WE'RE EXTRAORDINARILY BUSY. WE SEE AS MANY AS M.L.K. DOES  
14 CURRENTLY. MY MAIN CONCERN, APART FROM THE WALK-IN OVERLOAD,  
15 IS THE STRESS WE'RE GOING TO HAVE ON OUR SPECIALTY ON-CALL  
16 PANELISTS WHICH I DON'T THINK ARE GOING TO BE ADEQUATELY  
17 REIMBURSED. WE ONLY HAVE THREE NOW AND WE'RE HEADING TOWARDS  
18 TWO SURGEON, GENERAL SURGEONS ON CALL. ALL THE SPECIALTIES WHO  
19 HAVE TO TAKE CALL ARE VERY, VERY STRETCHED AND WE'RE GOING TO  
20 HAVE A REAL HARD TIME WITH IT. THERE'S PROBABLY BETWEEN 20 AND  
21 30,000 PATIENTS FROM THE M.L.K. HOSPITAL THAT ARE EMERGENCY  
22 PATIENTS, NOT URGENT CARE PATIENTS, THAT ARE NOT ADMITTED  
23 THROUGH THE AMBULANCE SYSTEM, DID NOT COME TO THE HOSPITAL  
24 THROUGH THE AMBULANCE SYSTEM. WE'RE ONLY SIX MILES FROM KING





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1 SO WE'RE GOING TO HAVE A LARGE DISPROPORTIONATE AMOUNT OF THAT  
2 WALK-IN TRAFFIC.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. MICHAEL REMBIS IS NEXT.  
5 BUT CELES KING? STILL HERE? OKAY. MR. REMBIS.

6

7 **MICHAEL REMBIS:** HI, MIKE REMBIS, C.E.O. AND PRESIDENT OF  
8 CENTINELA FREEMAN. WE HAVE EXTREMELY BUSY EMERGENCY ROOM IN  
9 INGLEWOOD, ONE OF THE BUSIEST PARAMEDIC RECEIVING STATIONS IN  
10 THE COUNTY. WE'RE WORKING TOGETHER WITH THE COUNTY BECAUSE WE  
11 ARE-- WANT TO BE YOUR PARTNER. WE'RE CONCERNED ABOUT THE  
12 FINANCIAL RISK IT'S PUTTING OUR HEALTHCARE SYSTEM. WE ARE  
13 FINANCIALLY DISTRESSED AS IT IS AND WE ARE CONCERNED ABOUT THE  
14 WALK-INS NOT BEING REIMBURSED. THIS WEEKEND, WE'VE SEEN AN  
15 INCREASE IN TRAFFIC, ALL WALK-INS WITH NO REIMBURSEMENT  
16 ATTACHED. IN ADDITION, MANY PATIENTS MAY STAY MORE THAN SIX  
17 DAYS WITH NO REIMBURSEMENT ATTACHED. WE'RE WILLING TO WORK  
18 WITH THE COUNTY BUT WE NEED SOME HELP. MY MAIN CONCERN IS NOT  
19 ONLY THE RESIDENTS OF THE M.L.K. AREA OR THE RESIDENTS OF  
20 INGLEWOOD, THIS IS GOING TO HAVE AN IMPACT ON DELAYING OF  
21 ACCESS OF CARE FOR THE RESIDENTS OF THE INGLEWOOD AND  
22 SURROUNDING COMMUNITIES IN OUR EMERGENCY ROOM. IT'S GOING TO  
23 DELAY ACCESS, DELAY CARE, AND FURTHER DISTRESS THE HEALTH CARE  
24 SYSTEM, AND MY CONCERN, QUITE SIMPLY, IS A FINANCIALLY



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1 DISTRESSED HEALTHCARE SYSTEM CANNOT OFFER AND ENHANCE SERVICES  
2 FOR THE COMMUNITY, THE PRIMARY COMMUNITY WE NEED TO SERVE.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. DR. LOPEZ IS NEXT. ROB  
5 FULLER? IS ROB FULLER HERE? DR. LOPEZ.

6

7 **DR. ROSALIO LOPEZ:** THANK YOU FOR THE OPPORTUNITY TO ADDRESS  
8 YOU. I REPRESENT WHITE MEMORIAL MEDICAL CENTER, I'M A VICE  
9 PRESIDENT OF MEDICAL AFFAIRS AND I'D LIKE TO, FOR THE RECORD,  
10 STATE THAT WHITE MEMORIAL IS PREPARED TO HELP YOU DEAL WITH  
11 THIS CONTINGENCY PLAN. LIKE ALL THE OTHER SPEAKERS, WE SHARE  
12 THEIR CONCERNS AND WE WANT TO MAKE SURE THAT THE PLAN YOU'RE  
13 PUTTING IN PLACE IS TRANSPARENT. AND HOPEFULLY THAT THE  
14 FUNDING FOR THE CARE OF THOSE PATIENTS FOLLOW THEM TO WHEREVER  
15 THEY RECEIVE THIS CARE. WHITE MEMORIAL HAS BEEN TAKING CARE OF  
16 THESE PATIENTS OVER THE LAST WEEKEND. WE'VE GOT AN AVERAGE OF  
17 ABOUT 11 TO 15 EXTRA AMBULANCE RUNS A DAY, PRIMARILY FROM THE  
18 M.L.K. AREA BECAUSE THE OTHER HOSPITALS WERE ALREADY CLOSED.  
19 SO WE UNDERSTAND THERE'S A BIG NEED TO CREATE A CONTINGENCY  
20 PLAN THAT WORKS. WE'RE PREPARED TO HELP THE COUNTY DO THAT BUT  
21 WE ALSO WANT TO MAKE SURE THE COUNTY IS PREPARED TO ASSIST THE  
22 PRIVATE HOSPITALS AND ENSURE THE FUNDING, THE RESOURCES  
23 REQUIRED TO CARE FOR THESE PATIENTS IS GOING TO WHERE THE  
24 PATIENTS ARE GOING. THANK YOU VERY MUCH.

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** THE 11 TO 15 ADDITIONAL AMBULANCE  
2    RUNS A DAY, WAS THAT BOTH ON SATURDAY AND ON SUNDAY?

3

4    **DR. ROSALIO LOPEZ:** STARTING ON FRIDAY, THAT'S CORRECT.

5

6    **SUP. YAROSLAVSKY, CHAIRMAN:** DO YOU KNOW WHAT REASON THERE  
7    MIGHT BE WHY YOU WOULD GET 11 TO 15 ADDITIONAL AMBULANCE RUNS  
8    AND HOSPITALS THAT ARE CLOSER TO M.L.K. DID NOT?

9

10   **DR. ROSALIO LOPEZ:** WE WERE TOLD THE OTHER EMERGENCY ROOM  
11   DEPARTMENTS WERE CLOSED AND THEY WERE NOT ACCEPTING THOSE  
12   AMBULANCES.

13

14   **SUP. YAROSLAVSKY, CHAIRMAN:** WHICH EMERGENCY ROOMS WERE CLOSED?  
15   WAS ST. FRANCIS CLOSED?

16

17   **DR. ROSALIO LOPEZ:** I DON'T KNOW EXACTLY HOW MANY DIFFERENT  
18   E.R.S WERE REFERENCED BUT WE KNOW THAT MANY OF THOSE  
19   AMBULANCES SIMPLY SHOWED UP IN OUR EMERGENCY ROOMS, SOME OF  
20   THEM EVEN WITHOUT CALLING.

21

22   **SUP. YAROSLAVSKY, CHAIRMAN:** BUT YOU SAID 11 TO 15 SHOWED UP  
23   BECAUSE M.L.K. WAS CLOSED.

24

25   **DR. ROSALIO LOPEZ:** CORRECT.



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** SO IT WAS 11 TO 15 ADDITIONAL ON  
3 TOP OF WHAT YOU NORMALLY GET?

4

5 **DR. ROSALIO LOPEZ:** YES. I CAN GIVE YOU THE EXACT NUMBER...

6

7 **SUP. YAROSLAVSKY, CHAIRMAN:** MY QUESTION WAS, WHY WOULD YOU, AT  
8 WHITE MEMORIAL, GET THAT KIND OF AN INCREASE WHEN HOSPITALS  
9 THAT ARE CLOSER TO M.L.K. DID NOT?

10

11 **DR. ROSALIO LOPEZ:** MY UNDERSTANDING IS THAT...

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** ON SATURDAY, FOR EXAMPLE.

14

15 **DR. ROSALIO LOPEZ:** MY UNDERSTANDING IS THOSE AMBULANCES WERE  
16 SIMPLY REROUTED AND TOLD TO GO TO OTHER HOSPITALS BECAUSE THE  
17 HOSPITALS THAT WERE NEAR M.L.K. WERE ALREADY CLOSE TO  
18 SATURATION.

19

20 **SUP. YAROSLAVSKY, CHAIRMAN:** I'LL ASK CAROL MEYER, OUR E.M.S.  
21 PEOPLE, TO GET US SOME INFORMATION ON THAT BECAUSE...

22

23 **SUP. KNABE:** THAT HOSPITAL REROUTE, I MEAN, THE AMBULANCE  
24 REROUTE PLAN THAT COULD HAVE BEEN THAT SITUATION.

25



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1   **SUP. YAROSLAVSKY, CHAIRMAN:** I UNDERSTAND BUT I DON'T THINK IT-  
2   - IT'S NOT LOGICAL THAT WHITE MEMORIAL, WHICH IS IN BOYLE  
3   HEIGHTS WOULD HAVE GOTTEN 11 TO 15 ADDITIONAL AMBULANCES WHEN  
4   ST. FRANCIS DIDN'T OR SOME OF THE CLOSER IN HOSPITALS DIDN'T.  
5   I JUST WANT TO GET THE FACTS.

6

7   **SUP. KNABE:** PARTICULARLY, THAT'S RIGHT, WHITE MEMORIAL IS A  
8   SECONDARY, NOT PART OF THE PRIMARY...

9

10   **SUP. YAROSLAVSKY, CHAIRMAN:** YEAH, IT'S A WAYS, FARTHER AWAY  
11   THAN DOWNEY.

12

13   **SUP. BURKE:** THE EMERGENCY GOES ALL THE WAY DOWN TO SOMEBODY  
14   LIKE ADAMS, YOU KNOW? FOR INSTANCE, CALIFORNIA HOSPITAL, IT  
15   GOES VERY FAR NORTH.

16

17   **SUP. YAROSLAVSKY, CHAIRMAN:** IT'S COUNTERINTUITIVE TO ME SO I  
18   JUST WANT TO UNDERSTAND IT. THAT'S WHY I ASKED HIM. I'M NOT  
19   MAKING A JUDGMENT. I'M JUST ASKING AN OBVIOUS QUESTION. SO  
20   WE'LL GET THE ANSWER. WE SHOULD BE ABLE TO FIGURE IT OUT.

21

22   **DR. ROSALIO LOPEZ:** WE'LL BE HAPPY TO SHARE THE DATA WITH YOU,  
23   MR. SUPERVISOR. WE'LL BE HAPPY TO SHARE THOSE NUMBERS WITH  
24   YOU.

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** I APPRECIATE IT. THANK YOU FOR  
2    COMING, DR. LOPEZ. APPRECIATE IT. MARY GRIFFIETH IS NEXT. GREG  
3    BROWN, IS GREG BROWN HERE? GREG BROWN? THAT'S YOU? COME ON  
4    DOWN. MS. GRIFFIETH?

5

6    **MARY GRIFFIETH:** GOOD AFTERNOON, REPRESENTATIVES OF THE COUNTY  
7    BOARD OF SUPERVISORS. MY NAME IS MARY GRIFFIETH. I AM A MEMBER  
8    OF THE COUNTY AREA AGENCY ON AGING AS WELL AS A ACTIVIST WITH  
9    THE ACCESS M.T.A. COMMUNITY BOARD. MY CONCERN IS I HOPE YOU  
10    LEAVE THE NAME AS IT IS. MUCH AND MANY TRIALS AND TRIBULATIONS  
11    WENT THROUGH. WHEN THERE ARE BUDGET CUTS, THERE'S ALL WANT TO  
12    BE A LOSS OF SERVICES. MORALE IS LOW, WHICH MEANS THAT PEOPLE  
13    WILL NOT GET THE BEST SERVICE. TOO MANY UNNECESSARY STATS ARE  
14    KEPT. EDUCATION IS NEEDED FOR DIVERSITIES OF CULTURES, WHICH,  
15    A LOT OF TIMES, CREATE A LOT OF PROBLEMS. I HAVE BEEN TO  
16    MARTIN LUTHER KING AND I AM NOW LIVING IN EL MONTE BECAUSE  
17    RAMONA CLINIC WOULD NOT HELP ME. SO EDUCATION. AND IT SHOULD  
18    START AT THE TOP. YOU NEED TO UNDERSTAND NEEDS, NOT CUTTING  
19    SERVICES. TOO MUCH MONEY HAS BEEN IN SPENT IN ADMIN. AND THANK  
20    YOU.

21

22    **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, MARY. APPRECIATE IT.  
23    CELES, YOU'RE NEXT. AND LET ME JUST CALL DOWN GABRIEL ALVAREZ.  
24    GABRIEL HERE? COME ON DOWN. CELES KING.

25



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1 **CELES KING:** GOOD AFTERNOON, SUPERVISORS. FIRST OF ALL, LET ME  
2 THANK YOU ALL FOR REALLY GOING TO RELEASE THE REPORT. THAT'S  
3 SO IMPORTANT FOR US AS A COMMUNITY TO BE ABLE TO UNDERSTAND  
4 WHAT HAS ACTUALLY TRANSPIRED HERE. I KNOW MANY OF US HAVE  
5 MENTIONED MANY THINGS THAT ARE GOING TO BE A RAMIFICATION OF  
6 THIS PARTICULAR CLOSURE OR TEMPORARY INTERRUPTION OR WHATEVER  
7 IT MAY BE. HOWEVER, I WOULD LIKE TO SAY THAT, YOU KNOW, ABOUT  
8 FOUR YEARS AGO, WE STARTED PROBABLY A SELF-FULFILLING PROPHECY  
9 WITH THE CASCADE OF PEOPLE OUT OF THE MARTIN LUTHER KING  
10 FACILITY, OF WHICH ABOUT 150 OF THEM WERE NURSES. AND WE NEVER  
11 HAVE BEEN ABLE TO GET BACK ON TRACK SINCE THEN. ONE OF THE  
12 THINGS THAT'S APPARENT TO ME AND MANY OTHER PEOPLE IS THAT  
13 THIS NEW ENVIRONMENT THAT'S BEEN CREATED IS GOING TO BE AN  
14 ENVIRONMENT IN WHICH WE ARE DEFINITELY GOING TO LOSE PEOPLE.  
15 HOW MANY, WE CAN'T TELL. SOME OF THEM HAVE EVEN SAID TO ME  
16 IT'S ALMOST LIKE A GENOCIDAL ENVIRONMENT. I WOULDN'T VENTURE  
17 TO SAY THAT, BUT IT IS. THE OTHER THING IS THAT, YOU KNOW,  
18 WE'RE LOOKING AT A COMMUNITY THAT THE COMMUNITY FEELS LIKE WE  
19 ARE REALLY UNDER SIEGE. WE'RE LOOKING AT IT FROM A SITUATION  
20 OF HOW-- WHAT'S TRANSPILING IN THE MOVEMENT OF DEVELOPMENT  
21 GOING SOUTH AND IS THIS, IN FACT, THE MOVEMENT TO DISPLACE THE  
22 PEOPLE OF SOUTH CENTRAL LOS ANGELES?

23

24 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY, THANKS.

25





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1 **CELES KING:** I COULD SAY MORE BUT I DON'T HAVE THE TIME. I RAN  
2 OUT.

3  
4 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. THANK YOU CELES. TYRIL MCKAY  
5 HERE? ROB FULLER.

6  
7 **ROB FULLER:** ROB FULLER, CHIEF OPERATING OFFICER, DOWNEY  
8 REGIONAL MEDICAL CENTER. SEVEN YEARS AGO, THERE WERE 7 LARGE  
9 E.R.S ON THE 105 CORRIDOR. NOW, TODAY, THERE ARE JUST THREE.  
10 DOWNEY REGIONAL REMAINS COMMITTED TO WORKING WITH THE COUNTY  
11 IN THE SAFETY NET PROCESS AND DO AS MUCH AS WE POSSIBLY CAN  
12 BUT WE ARE AT THE BREAKING POINT. AS DR. GUESS MENTIONED  
13 EARLIER, WE DON'T HAVE SPECIALIST PHYSICIANS WHO ARE STANDING  
14 BY WAITING TO TAKE THOUSANDS OF MORE PATIENTS. WE'RE GOING TO  
15 HAVE TO GO OUT AND EITHER HIRE ADDITIONAL PHYSICIANS THROUGH  
16 CONTRACTING SUCH AS WE CAN OR ELSE PROVIDE ADDITIONAL  
17 FINANCIAL INCENTIVES FOR PHYSICIANS TO EXPAND THEIR PRACTICES  
18 SLIGHTLY. SECONDLY, YOU SHOULD KNOW THAT MONEY DOES NOT FOLLOW  
19 THE PATIENT IN THIS STATE. THAT'S NOT YOUR ISSUE EXACTLY AT  
20 THIS LEVEL BUT IT IS A BIG PROBLEM FOR DOWNEY. WE MAY GET  
21 \$3,000 A NIGHT FOR A PATIENT, WE ONLY GET \$1,000 FOR THE SAME  
22 PATIENT, SAME CARE, SAME EVERYTHING. FINALLY, IT'S NOT AGAIN  
23 PRIMARILY A COUNTY ISSUE BUT WE ARE GOING TO LOSE BETWEEN 6  
24 AND \$8 MILLION THIS NEXT YEAR PROVIDING THE CARE DESPITE THE  
25 COUNTY'S OFFSET MITIGATION PLAN.



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. DR. PRINCESS? IS THERE  
3 A DR. PRINCESS HERE? COMING UP. GREG BROWN, YOU'RE ON.

4

5 **GREG BROWN:** (CLEARS THROAT) EXCUSE ME. FIRST, GENERAL HOSPITAL  
6 KILLED MY MOTHER. SHE DIDN'T DIE THERE, THEY WAS-- SHE KILLED--  
7 - THE \_\_\_\_\_ KILLED MY MOTHER. MARTIN LUTHER KING  
8 SAVED MY SISTER'S LIFE THAT GOT STABBED IN THE HEART. MARTIN  
9 LUTHER KING HOSPITAL SAVED MY LIFE WHEN I GOT SHOT IN  
10 NICKERSON GARDENS WHERE I WORKED AT. AND I STILL WORK OVER IN  
11 THE COMMUNITY. WE DO A MEMORIAL SERVICE WITH ALL THE PEOPLE  
12 THAT DIED OR GOT SHOT OR KILLED IN THE DIFFERENT HOUSING  
13 PROJECTS AND WE HAVE A BOOK WITH THEIR NAMES IN IT. WE DON'T  
14 WANT TO SEE NAMES CONTINUE GOING IN THE BOOK. WE WANT MARTIN  
15 LUTHER KING THAT'S SUPPOSED TO BE THERE TO SAVE LIFE. WE DON'T  
16 NEED PEOPLE TO BE TRANSFERRED FURTHER OUT TO GO SOMEWHERE TO  
17 HAVE TO DIE WHEN THE HOSPITAL WAS RIGHT THERE. I JUST HOPE  
18 THAT EVERYTHING THAT'S BEEN SAID TODAY THAT WHAT CONGRESSWOMAN  
19 MAXINE, RICHARDSON AND EVERYBODY ELSE AND THE BOARD OF  
20 SUPERVISORS REALLY LOOK AT TRYING TO SAVE OUR HOSPITAL AND  
21 SAVE OUR COMMUNITY LIVES.

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, MR. BROWN. E.J.  
24 PRIESTLY? GABRIEL ALVAREZ?

25



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1   **GABRIEL ALVAREZ:** YES, GOOD AFTERNOON. MY NAME IS GABRIEL  
2   ALVAREZ. I'VE BEEN INVOLVED WITH THE COMMUNITY FOR MANY YEARS.  
3   I KNOW EXACTLY WHAT HAPPENED OVER THERE IN THAT COMMUNITY.  
4   RIGHT NOW, THE PEOPLE ARE SCARED. THE PEOPLE ARE VERY WORRIED.  
5   ONE RECOMMENDATION I WANTED TO MAKE IS TO GIVE BACK ALL THE  
6   EQUIPMENT THAT WAS IN THE HOSPITAL, 400 BEDS AND ALL THE  
7   EQUIPMENT THAT WAS THERE BEFORE, WE NEED IT BAD IN EMERGENCY  
8   RIGHT NOW. THIS COMMUNITY, MARTIN LUTHER KING, CONTROLS THE  
9   WHOLE AREA, ALL THE FREEWAYS AROUND. WE NEED IT BAD  
10   IMMEDIATELY. HOPING THAT YOU WILL TAKE THIS IN CONSIDERATION.  
11   EDUCATE THE COMMUNITY. WE HAVE TO HAVE MORE BETTER SCHOOLS. WE  
12   HAVE TO HAVE MORE TRAINING FOR ALL THESE PEOPLE THAT LIVE  
13   AROUND THE COMMUNITY. IT'S VERY IMPORTANT. THE MAJORITY RIGHT  
14   NOW ARE 65 PERCENT HISPANIC. WE ARE HAVE RIGHT NOW ABOUT 35  
15   PERCENT BLACK PEOPLE LIVING IN THE COMMUNITY AND THERE'S A LOT  
16   OF PEOPLE MOVING OUT OF THE AREA BECAUSE WE DON'T KNOW WHAT'S  
17   GOING TO HAPPEN. THERE'S SO MANY PEOPLE REALLY SICK THAT THEY  
18   COME IN FROM OTHER AREAS BECAUSE IN ALL THE HOSPITALS THEY  
19   DON'T ACCEPT HISPANICS OR BLACK PEOPLE AND THAT'S A SHAME.

20

21   **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, MR. ALVAREZ. [ APPLAUSE  
22   ]

23

24   **SUP. YAROSLAVSKY, CHAIRMAN:** SYLVIA DREW IVIE? TYRIL MCKAY?

25



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1   **TYRIL MCKAY:** GOOD AFTERNOON. THANK YOU VERY MUCH. MY NAME IS  
2   TYRIL MCKAY AND I'M HERE ON BEHALF OF MY DAUGHTER, WHO IS A  
3   STUDENT AT KING-DREW MEDICAL MAGNET HIGH SCHOOL WHO ASPIRES TO  
4   BE A DOCTOR AND WORK IN THE COMMUNITY AND, NEXT SEMESTER,  
5   SHE'S GOING TO BE A JUNIOR WITH A HOSPITAL CLASS. AND MY  
6   CONCERN IS IF THE HOSPITAL'S GOING TO BE AVAILABLE TO THE  
7   STUDENTS IN THE PARTNERSHIP THAT THEY HAVE WITH THE HIGH  
8   SCHOOL OR ARE THEY GOING TO NEED TO BE TRANSPORTED SOMEWHERE  
9   ELSE TO GET THE TRAINING? AND THAT'S JUST MY CONCERN, THAT,  
10   YOU KNOW, WE NEED TO GIVE OUR YOUTH AN OPPORTUNITY TO GO INTO  
11   THE MEDICAL FIELD FOR THOSE THAT ARE INTERESTED AND THAT THEY  
12   CAN WORK IN THE COMMUNITY AND IMPROVE. MAYBE ONE DAY SHE'LL  
13   WORK AT KING, I DON'T KNOW BUT THAT'S JUST MY CONCERN AND I  
14   WANT YOU TO TAKE THAT INTO CONSIDERATION, THAT THE HIGH SCHOOL  
15   HAS THEIR OPPORTUNITY TO PARTNER STILL WITH THAT FACILITY.  
16   THANK YOU.

17

18   **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. IT'S A GOOD POINT. DR.  
19   PRINCESS?

20

21   **DR. PRINCESS:** THANK YOU.

22

23   **SUP. BURKE:** GET A RESPONSE TO HER ON THAT, IF POSSIBLE? COULD  
24   WE GET A RESPONSE FOR HER?

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** YES.

2

3    **SUP. BURKE:** WE'LL GET A RESPONSE FOR YOU.

4

5    **SUP. YAROSLAVSKY, CHAIRMAN:** DR. PRINCESS?

6

7    **DR. PRINCESS:** THANK YOU. TODAY MY HEART IS HEAVY BECAUSE THIS  
8    ROOM IS NOT FULL AS M.L.K. EMERGENCY ROOM HAS BEEN AND ALSO  
9    THAT MY MOM IS NOT HERE, LILLIAN MOBLEY, BUT I'M HERE. I JUST  
10    WANT TO THANK YOU FOR RELEASING THAT COPY OF THAT REPORT AND I  
11    WOULD ALSO LIKE TO KNOW, AFTER THE FINDINGS AND THE REPORT,  
12    WHAT SOLUTIONS WAS TAKEN? I WOULD LIKE TO SEE THAT. AND WHAT  
13    ABOUT THE COMMUNITY AT LARGE? HOW WILL THEY GET TO THESE OTHER  
14    PLACES? I'VE HEARD ABOUT THE BEILENSEN SETTLEMENT. I'VE HEARD  
15    ABOUT THE BROWN ACT AND THE GREEN ACT. BUT WHAT ABOUT THE  
16    COMMUNITY INVOLVEMENT ACT AND HAVING TO SAY IN THEIR HOSPITAL?  
17    WHEN WILL WE HAVE THE COMMUNITY TRULY INVOLVED? NOT JUST  
18    COMING HERE. I KNOW TIME WAS NOT ON YOUR SIDE WHEN THE REPORT  
19    CAME DOWN ON FRIDAY TO CLOSE BUT THANK YOU ANYWAY AND CONSIDER  
20    ALL THAT HAS BEEN SAID ALREADY. THANK YOU.

21

22    **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. FELICIA FORD. IS  
23    FELICIA FORD HERE? COME ON DOWN. RANDY CHILDS? YOU'LL BE NEXT  
24    IN THE SEAT HERE. E. J. PRIESTLY, YOU'RE ON.

25



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1   **E. J. PRIESTLY:** GOOD AFTERNOON. I'D LIKE TO FIRST OF ALL OFFER  
2   MY CONDOLENCES TO THE RODRIGUEZ FAMILY AND I'M SORRY FROM THE  
3   BOTTOM OF MY HEART. I WAS ONE OF THE ORIGINAL MEMBERS OF WATTS  
4   WORKSHOP. I'VE BEEN IN THIS COMMUNITY SINCE-- I WAS BORN IN  
5   LOS ANGELES AND ONE OF THE THINGS THAT I HAVE SUBMITTED TO THE  
6   BOARD ARE THE STATISTICAL ANALYSIS OF THE TRAUMAS AND THE  
7   HOMICIDES AS RELATED TO KING-DREW MEDICAL. I HAVE THE NUMBERS  
8   GOING BACK A 10-YEAR SPAN ALSO FOR HARBOR GENERAL. HARBOR  
9   GENERAL WAS NEVER MADE TO HANDLE THE VOLUME THAT KING-DREW  
10   HANDLES. NOW THIS ECHOES SOMETHING THAT SUPERVISOR MOLINA SAID  
11   IN THAT, YOU KNOW, WE HAVE AN ABILITY TO LEARN FROM THE PAST.  
12   PLEASE, I BEG YOU, LOOK AT THESE NUMBERS. LOOK AT THE HOMICIDE  
13   STATISTICS AND PLEASE DO SOMETHING TO CHANGE THIS. ALL THIS  
14   INFORMATION SHOULD HAVE COME FROM DR. CHERNOF AND IT DIDN'T. I  
15   WANT TO KNOW WHY.

16

17   **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. LARK GALLOWAY-GILLIAM.  
18   IS SHE HERE? SYLVIA DREW IVIE?

19

20   **SYLVIA DREW IVIE:** GOOD AFTERNOON, SUPERVISORS. I WANT TO CALL  
21   ATTENTION TO THE FACT THAT, IN DR. CHERNOF'S REPORT SUBMITTED  
22   TO YOU TODAY, THEY CALL FOR A CAP ON THE PAYMENT OF CARE IN  
23   THE PRIVATE SECTOR AND A LIMIT OF THE NUMBER OF DAYS THAT A  
24   PERSON WHO'S TRANSFERRED TO ONE OF THE CONTRACTING PRIVATE  
25   HOSPITALS WOULD BE PAID TO SIX DAYS. UNDER SECTION 17,000, THE



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1 AMOUNT OF FUNDING AND THE AMOUNT OF DAYS REQUIRED TO CARE FOR  
2 PEOPLE AS THE COUNTY, AS THE PROVIDER OF LAST RESORT, CANNOT  
3 BE CAPPED AND TIME CANNOT BE CAPPED IN MONEY. SO I ASK YOU TO  
4 LOOK AT THAT PROVISION VERY CAREFULLY BECAUSE THAT WOULD BE A  
5 VIOLATION OF SECTION 17,000 OF THE HEALTH AND WELFARE CODE.  
6 THE SECOND THING I WANT TO SAY IS THAT I ASK THE BOARD, I KNOW  
7 THIS IS A VERY DIFFICULT TIME FOR ALL OF US BUT IT DOES NOT  
8 HELP THE DIALOGUE THAT IS GOING ON AND THE PLANNING THAT HAS  
9 TO BE DONE TO DISRESPECT EITHER OUR PRIVATE SECTOR PARTNERS,  
10 SAYING ALL THEY WANT IS MORE MONEY, OR OUR PUBLIC INVOLVEMENT  
11 IN THIS DISCUSSION, SAYING THAT WE'RE GOING TO COME AND SPIT  
12 ON THE BOARD OF SUPERVISORS. THE TONE THAT YOU SET IS  
13 IMPORTANT IN THESE CONTINUING DIALOGUES AND I ASK YOU TO BE  
14 RESPECTFUL OF THE COMMUNITY OF LOS ANGELES.

15

16 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. [ APPLAUSE ]

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** KORIE FLOURNOY WHITE. FELICIA  
19 FORD.

20

21 **FELICIA FORD:** FELICIA FORD, THE VOICE OF THE PEOPLE. DO YOU  
22 HAVE A HEART? YOU'VE SHOWN NOT. YOU HAVE NOT EVEN SET UP A HOT  
23 LINE FOR THESE PEOPLE TO DISSEMINATE INFORMATION TO THEM AND  
24 THAT IS SHAMEFUL. THIS WILL BE A OVERFLOW OF THE POLICE  
25 DEPARTMENT. THIS WILL BE A OVERFLOW OF YOUR FIRE DEPARTMENT.





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1 ALL ELECTED OFFICIALS HAVE A-1 MEDICAL CARDS. AND I'M WILLING  
2 TO EVEN THINK NOW, AT THIS TIME, YOU HAVE YOUR OWN 9-1-1  
3 SERVICE. IT IS SHAMEFUL OF A NATION THAT CANNOT COME AND HELP  
4 ALL OF THE CHILDREN AND THE PEOPLE OF COLOR THAT HAVE BEEN  
5 DISENFRANCHISED FOR A VERY LONG TIME. I AM NOT AN ELECTED  
6 OFFICIAL BUT MY HEART IS IN THE RIGHT PLACE. IN GOD'S BOOK OF  
7 LAW, HE SAYS, "HELP THE POOR AND THE NEEDY." LET THAT HOSPITAL  
8 OPEN IN 60 TO 90 DAYS SO SHALL IT BE WRITTEN AND SO SHALL IT  
9 BE DONE IN GOD'S BOOK OF LAW. THANK YOU.

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. MARY RANDALL? MARY  
12 RANDALL HERE? ALL RIGHT. DO YOU WANT TO COME DOWN? WELL, YOU  
13 CAN'T DEFER. YOU'RE JUST GOING TO GIVE IT UP? DONALD BARNETT?  
14 RANDY CHILDS.

15

16 **RANDY CHILDS:** MY NAME IS RANDY CHILDS. I'M A TEACHER AT  
17 ROOSEVELT HIGH SCHOOL IN THE L.A. UNIFIED SCHOOL DISTRICT AND  
18 WHAT I SEE EVERY DAY IN THE PUBLIC SCHOOL SYSTEM SOUNDS  
19 EXACTLY LIKE WHAT I'VE BEEN HEARING ABOUT IN THE PUBLIC  
20 HOSPITAL SYSTEM. THE SYSTEM IS STRESSED. THE SYSTEM IS  
21 UNDERFUNDED. THERE'S BEEN A LOT OF TALK ABOUT HOW IT'S NOT A  
22 MONEY ISSUE BUT WHEN THE WORST PROBLEMS ARE AT THE HOSPITAL  
23 THAT SERVES THE POOREST COMMUNITY WITH THE MOST PEOPLE THAT  
24 DON'T HAVE INSURANCE, IT IS A MONEY PROBLEM. THERE IS A MONEY  
25 PROBLEM IN THE PUBLIC SCHOOLS. THERE'S A MONEY PROBLEM IN



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1 PUBLIC HEALTHCARE. THERE IS A MONEY PROBLEM WHEN THE EMERGENCY  
2 ROOMS ARE GETTING CLOSED ACROSS THE CITY, LEFT AND RIGHT. AND  
3 WHAT I HEAR IS THIS BOARD ACTUALLY EAGERLY OR AT LEAST MEMBERS  
4 OF THIS BOARD EAGERLY JUMPING TO BLAMING THE WORKERS, BLAMING  
5 THE INDIVIDUAL NURSES, WHO APPARENTLY ARE JUST IN IT FOR THE  
6 MONEY OR SOMETHING, BLAMING INDIVIDUAL WORKERS WHEN THEIR SO-  
7 CALLED SOLUTION THREE YEARS AGO DIDN'T DO ANYTHING TO SAVE  
8 THIS HOSPITAL. WHEN THEY SAID THEY WERE GOING TO CLOSE TRAUMA  
9 AND THAT'S GOING TO FIX EVERYTHING AND THAT'S GOING TO HELP US  
10 SAVE KING-DREW AND IT DIDN'T HAPPEN. THERE ARE TERRIBLE  
11 STORIES ABOUT PEOPLE WHO HAVE DIED AS A RESULT OF NEGLIGENCE  
12 AT KING-DREW BUT THERE ARE 18,000 PEOPLE IN THIS COUNTRY WHO  
13 DIE EVERY YEAR DUE TO DENIAL OF HEALTHCARE BECAUSE THEY DON'T  
14 HAVE INSURANCE. THAT IS THE BIGGER ISSUE. THAT IS THE SYSTEM  
15 THAT WE NEED TO LOOK AT AND THAT WE NEED TO CHANGE IN ORDER TO  
16 STOP SEEING THESE PEOPLE DYING FOR NO GOOD REASON.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. MORRIS GRIFFIN? LARK  
19 GALLOWAY GILLIAM?

20

21 **LARK GALLOWAY GILLIAM:** GOOD AFTERNOON, MEMBERS OF THE BOARD OF  
22 SUPERVISORS. IN THE INTERESTS OF TIME, I HAVE A WRITTEN  
23 STATEMENT THAT I WILL SHARE WITH YOU AND I HOPE THAT YOU  
24 WILL...

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** SERGEANT, WILL YOU GET IT, PLEASE?

2

3    **LARK GALLOWAY GILLIAM:** ...I HOPE YOU WILL STUDY BECAUSE WE  
4    WENT TO GREAT LENGTHS OF TRYING TO CRITIQUE WHAT I SEE AS A  
5    SHORT-TERM PLAN IN THE HOPE THAT WE COULD MAKE SOME  
6    IMPROVEMENTS. WHAT I WANT TO DO IN MY MINUTE HERE IS TO ASK  
7    FOR A COUPLE THINGS. FIRST, I WOULD LIKE FOR YOU TO STATE  
8    UNEQUIVOCALLY THAT YOU FAILED THE COMMUNITY OF SOUTH LOS  
9    ANGELES. SUPERVISOR MOLINA, I BELIEVE, BEGAN THAT EXPLANATION  
10    AND CONFESSION, IF YOU WILL. I THINK YOU SAID EARLIER THAT IT  
11    WAS IMPORTANT FOR THERE TO BE IMPROVEMENT, THAT PEOPLE HAD TO  
12    OWN THE RESPONSIBILITY OF THEIR FAILURE AND I THINK THAT THIS  
13    BOARD NEEDS TO ACKNOWLEDGE THAT IT DID FAIL THIS HOSPITAL AND  
14    THIS COMMUNITY. SECOND, I THINK THAT YOU NEED TO ACKNOWLEDGE  
15    THAT THE CLOSURE OF MARTIN LUTHER KING HOSPITAL DOES NOT FIX  
16    THE INADEQUACIES OF THE HEALTHCARE RESOURCES IN SOUTH L.A. AND  
17    ASK THAT YOU TURN TO THE STATE AND THE COMMUNITY STAKEHOLDERS  
18    FOR HELP. YOU NEED HELP. MY UNDERSTANDING OF THE FINANCIAL  
19    SITUATION OF THIS COUNTY, YOU WILL BE LOSING DOLLARS VERY  
20    SHORTLY. AND HOW ARE YOU GOING TO THEN RECOMMIT TO OPENING  
21    THIS HOSPITAL IF YOU DON'T UNDERSTAND THE FINANCING  
22    STRATEGIES? YOU NEED TO COMMIT THAT YOU WILL NOT STOP UNTIL  
23    THIS HOSPITAL IS REOPENED AND THAT YOU WILL MAKE THIS YOUR  
24    NUMBER ONE PRIORITY BECAUSE IT IS ABOUT SAFETY AND LIVES. YOU  
25    NEED TO COMMIT TO THE DOLLARS WILL NOT JUST FOLLOW THE



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1 PATIENTS BUT THAT THE PATIENTS WILL BE SERVED AND SERVED WELL  
2 IN THE COMMUNITY IN WHICH THEY LIVE AND NOT FORCED TO TRAVEL  
3 40 MILES TO OLIVE VIEW TO RECEIVE THEIR CARE.

4

5 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY.

6

7 **LARK GALLOWAY GILLIAM:** AND LASTLY. WHILE YOU FIXATE ON THE  
8 PERSONNEL ISSUES, WE NEED TEAMS OF PEOPLE TO DO THE FOLLOWING:  
9 (1) WORK ON COMMUNICATION WITH THE COMMUNITY ON HOW TO ACCESS  
10 CARE. (2) TO DELIVER ON THE PROMISE OF-- TO BUILDUP THE  
11 OUTPATIENT SERVICES BY THE END OF THIS YEAR. (3) TO WORK WITH  
12 THE COMMUNITY CLINICS AND HOSPITALS TO PAY FOR THE TREATMENT  
13 OF THE 37,000 EMERGENCY ROOM PATIENTS THAT WILL SHOW UP ON  
14 THEIR DOOR STEPS. AND, FINALLY, TO COMMIT TO COMING UP WITH A  
15 MODEL AND FINANCING STRATEGY TO REOPEN THIS HOSPITAL WITHIN  
16 THE NEXT 12 MONTHS.

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. CAROL LEE THORPE? KORIE  
19 FLOURNOY WHITE.

20

21 **KORIE WHITE FLOURNOY:** HELLO. KORIE WHITE FLOURNOY WITH  
22 COMMUNITY HEALTH COUNCILS. HERE I HAVE THIS POSTCARD. THIS IS  
23 JUST A PORTION OF POSTCARDS THAT WERE COLLECTED, A FEW HUNDRED  
24 FOR YOU AND WE HAVE ANOTHER PORTION TO GO TO THE GOVERNOR, AS  
25 WELL, FROM THE COMMUNITY. THE COMMUNITY IS ASKING THAT YOU



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1 WORK WITH THE STATE DEPARTMENT AND THE DEPARTMENT OF HEALTH  
2 SERVICES AND PUBLIC HEALTH SERVICES TO RESTORE THE HOSPITAL AS  
3 SOON AS POSSIBLE, ESPECIALLY THE E.R. DEPARTMENT. AND WE HAVE  
4 POSTCARDS FOR YOU FROM THE COMMUNITY REPRESENTING THAT.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT, WE'LL TAKE IT. THANK  
7 YOU VERY MUCH, MS. FLOURNOY. DONALD BARNETT YOU'RE NEXT.  
8 REVEREND REGINALD POPE, IS HE HERE? REVEREND POPE? NOT HERE?  
9 DR. GENEVIEVE CLAVREUL? DONALD BARNETT.

10

11 **DONALD BARNETT:** MY NAME IS DONALD BARNETT. I'M PRESIDENT OF  
12 \_\_\_\_\_ COUNCIL AND I'D LIKE TO GO BACK IN TIME. I  
13 CAN REMEMBER WHEN L.A.C. SCHOOLS WERE INTEGRATING THEIR  
14 SCHOOLS AND WE WERE TOLD THAT THERE WAS ONLY GOING TO BE ONE-  
15 WAY BUSING AND WE WERE PROMISED THAT, IF THERE WAS GOING TO BE  
16 ONE-WAY BUSING, THAT THEY WOULD THEN ALLOW OUR KIDS TO  
17 PARTICIPATE IN ACTIVITIES AFTER SCHOOL AND THEY WOULD MAKE  
18 SURE THEY GET HOME ON TIME. THAT DIDN'T HAPPEN. SO I'M VERY  
19 CONCERNED ABOUT ALL THE PROMISES THAT ARE BEING MADE TODAY AS  
20 TO WHAT WILL HAPPEN. AND I WOULD HOPE THAT, IN YOUR VOTE, THAT  
21 YOU INCLUDE WHAT SUPERVISOR BURKE SAID AND THAT IS THAT YOU  
22 INCLUDE A PERSON WITH A MEDICAL BACKGROUND AND A COMMUNITY  
23 BACKGROUND IN YOUR WORKING WITH DR. CHERNOF. THAT, IN THIS  
24 COMMUNITY, PEOPLE TEND TO THINK THAT THIS IS IS A LATINO AND  
25 BLACK PROBLEM. THIS IS ALSO A WHITE PROBLEM. WHITE PEOPLE



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1 ELECTED THE WHITE PEOPLE ON THIS BOARD AND I WOULD LIKE TO SAY  
2 TO THOSE PEOPLE, HOLD THOSE PEOPLE RESPONSIBLE. JUST LIKE THE  
3 WHITE PEOPLE WANTED US TO BUS TO THEIR COMMUNITY, WE WANT YOU  
4 TO HOLD YOUR SUPERVISORS RESPONSIBLE FOR WHAT THEY DO TO OUR  
5 COMMUNITY. THANK YOU.

6

7 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. REVEREND JOSEPH  
8 GARDENER? REVEREND GARDENER HERE? MARK MEYERS? IS MARK MEYERS  
9 HERE? ALL RIGHT. MORRIS GRIFFIN?

10

11 **MORRIS GRIFFIN:** THANK YOU. MEMBERS OF THE BOARD, HERE WE SIT  
12 AFTER FOUR YEARS. SPEND OVER \$18 MILLION AND THERE'S NO  
13 QUESTION IN MY MIND THAT WE'VE BEEN FRAMED AND WE'VE BEEN SET  
14 UP TO LOSE. AND SO IT GOES WITH ME SAYING THAT WE SHOULD FORM  
15 OR FILE SOME KIND OF INJUNCTION SO THAT THE NEXT PRESIDENT,  
16 WHOEVER BECOMES, CAN GIVE US THE MONEY THAT WE NEED IN ORDER  
17 TO GET THIS HOSPITAL BACK ROLLING. BUT, MORE IMPORTANTLY, IT'S  
18 IMPORTANT TO MENTION HERE TODAY THAT WE WANT TO KNOW WHO WAS  
19 RESPONSIBLE FOR SELECTING THE NURSES THAT WAS IN OUR HOSPITAL  
20 TO WHERE THEY FAILED US? WE NEED TO KNOW THAT. SO I'M GLAD  
21 GLORIA MOLINA, SUPERVISOR MOLINA, AND YOU, ZEV, HAVE PUT THE  
22 FOOT TO THE FIRE TO THE POINT WHERE YOU'RE SAYING THAT YOU  
23 WANT TO SEE THE REPORT, THAT YOU WANT TO KNOW WHO'S  
24 ACCOUNTABLE AND WHO'S HELD RESPONSIBLE FOR THIS. THIS IS VERY  
25 IMPORTANT TO US. WE'RE SICK AND TIRED OF THIS. WE WENT FROM



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1 500 BEDS TO 400 BEDS AND NOW WE'RE DEALING WITH UNIVERSAL  
2 HEALTHCARE. THERE'S NO QUESTION IN OUR MIND THAT HERE IN THE  
3 STATE OF CALIFORNIA WE'RE DEALING WITH UNIVERSAL HEALTHCARE.  
4 NOW WE'RE CLOSING DOWN HOSPITALS. THIS IS FRUSTRATING.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. NELLE IVORY. COME ON  
7 DOWN. CAROL LEE THORPE?

8

9 **CAROL LEE THORPE:** YES. I'M REPRESENTING ST. FRANCIS MEDICAL  
10 CENTER AND THE DAUGHTERS OF CHARITY HEALTH SYSTEM. ST. FRANCIS  
11 CERTAINLY VALUES ITS LONG-STANDING ROLE AS PART OF THE L.A.  
12 COUNTY HEALTHCARE SAFETY NET AND HAS BEEN WORKING CLOSELY WITH  
13 THE COUNTY IN IDENTIFYING SOLUTIONS TO THIS CRISIS OVER THE  
14 PAST FEW YEARS IN PARTICULAR. WE REMAIN COMMITTED TO OUR  
15 MISSION OF RESPONDING TO THE HEALTHCARE NEEDS OF THIS  
16 COMMUNITY AND OUR EFFORTS ARE FRAMED BY THE GOALS OF  
17 PROTECTING THE SAFETY, PRESERVING ACCESS TO HEALTHCARE,  
18 MAINTAINING OUR HOSPITAL'S HIGH STANDARDS OF QUALITY AND  
19 SUPPORTING CAPACITY AND THE LONG-TERM VIABILITY OF OUR MEDICAL  
20 CORE SERVICES AND THOSE OF OUR AFFILIATED PHYSICIANS. IN GOING  
21 FORWARD, OUR REQUEST IS CERTAINLY THAT CAREFUL DISCERNMENT BE  
22 UNDERTAKEN AND PLANS AND AGREEMENTS THAT PROVIDE THE  
23 RESOURCES, NOT ONLY FOR THE CARE OF PATIENT TRANSPORTED BY  
24 AMBULANCES AND ADMITTED TO THE HOSPITAL AS WE SAW OVER THE  
25 WEEKEND, BUT FOR THOSE WALK-IN EMERGENCY DEPARTMENT PATIENTS





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1 WHO ARE SUBSEQUENTLY ADMITTED AND FOR THOSE NEEDING ONLY  
2 OUTPATIENT TREATMENTS. AND WE WOULD CONTINUE TO WORK CLOSELY  
3 WITH YOU IN FINDING THESE SOLUTIONS AND LOOK FORWARD TO THAT.  
4 THANK YOU.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** APPRECIATE THAT AND WE'LL WORK  
7 WITH YOU. YOU'RE OUR CLOSEST NEIGHBOR OVER THERE SO WE WILL  
8 WORK WITH YOU. DR. CLAVREUL? BEFORE YOU START, DR. CLAVREUL,  
9 LET ME JUST-- TOM GODFREY? IS TOM GODFREY HERE? COME ON DOWN.  
10 DR. CLAVREUL?

11

12 **DR. GENEVIEVE CLAVREUL:** GOOD AFTERNOON. DR. GENEVIEVE  
13 CLAVREUL. WELL, I'M GOING TO BE NICE AND SAY I TOLD YOU SO.  
14 YOU KNOW, FROM THE BEGINNING WHEN YOU HIRED CAMDEN, WHEN YOU  
15 HIRED NAVIGANT, I MADE IT VERY CLEAR THAT YOU SHOULD DO DUE  
16 DILIGENCE AND THEY WERE NOT COMPETENT TO DO THE JOB YOU WERE  
17 PAYING THEM FOR. I HOPE THAT ANY KIND OF CONSULTANT YOU USE  
18 AGAIN, YOU DO WHAT YOUR DUTY DEMANDS. DO DUE DILIGENCE. TO  
19 WALK OFF AND FAIL IS NOT AN OPTION. I MEAN, YOU HAVE NURSES  
20 WHO DON'T EVEN HAVE THE BASICS OF NURSING CARE. NOT TO BE ABLE  
21 TO FIND EQUIPMENT IN AN EMERGENCY CART IS CRIMINAL. EVERY  
22 NURSE, EVERY SHIFT, THAT'S SUPPOSED TO CHECK THOSE CARTS SO  
23 THEY KNOW WHERE THE EQUIPMENT IS. FOR A NURSE NOT TO BE ABLE  
24 TO CALCULATE A DOSAGE FOR PEDIATRIC IS CRIMINAL. AND I HOPE  
25 THAT YOU WILL NOT MAKE THE MISTAKE AND FOLLOW THE PRESSURE OF



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1 YOUR PRECIOUS S.E.I.U. AND CASCADE THOSE PEOPLE DOWN BECAUSE,  
2 YES, YOU HAVE COMPETENT PEOPLE BUT YOU HAVE EXTREMELY  
3 INCOMPETENT PEOPLE WHO SHOULD NEVER BE ALLOWED TO BE IN A  
4 HOSPITAL.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. PATRICIA VICTORY? IS  
7 SHE HERE? MARK MYERS.

8

9 **MARK MYERS:** GOOD AFTERNOON, SUPERVISORS, I'M MARK MEYERS,  
10 PRESIDENT OF CALIFORNIA HOSPITAL MEDICAL CENTER, PART OF  
11 CATHOLIC HEALTHCARE WEST. WE'RE A JOINT COMMISSION ACCREDITED  
12 HOSPITAL AND WE'RE ESPECIALLY PROUD THAT THE TRAUMA PROGRAM,  
13 ONE OF OUR NEWEST PROGRAMS, RECENTLY SURVEYED BY THE AMERICAN  
14 COLLEGE OF SURGEONS, RECEIVED A REPORT OF NO DEFICIENCIES ON A  
15 FIRST SURVEY, FIRST TIME IN THE HISTORY OF THE SURVEY PROGRAM.  
16 WE DO HAVE OUR CHALLENGES. OUR EMERGENCY ROOM HAS GONE FROM  
17 34,000 VISIT TO 57,000 VISITS IN A SHORT TIME, BUSIEST PRIVATE  
18 TRAUMA HOSPITAL. BUT, BY FAR, WE HAVE THE HIGHEST UNINSURED  
19 PORTION IN CATHOLIC HEALTHCARE WEST. OUR PAYER MIX RESEMBLES A  
20 COUNTY HOSPITAL. SO WE HAVE FINANCIAL CHALLENGES THAT COME  
21 WITH THAT. SINCE APRIL, OUR HOSPITAL'S BEEN AT CAPACITY SO WE  
22 HAVE THE ADDITIONAL CHALLENGE OF TAKING CARE OF OUR EXISTING  
23 PATIENTS. SINCE SATURDAY MORNING, WE'VE HAD 100 EMERGENCY ROOM  
24 PATIENTS FROM KING-HARBOR'S ZIP CODES. 30 CAME BY AMBULANCE,  
25 20 WERE ADMITTED. WE HAVE NOT BEEN ABLE TO TRANSFER ANY OF



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1 THESE PATIENTS DESPITE REPEATED ASSURANCES THAT THE M.A.C.C.  
2 PROGRAM WILL GIVE THESE PATIENTS THE HIGHEST PRIORITY. AS THE  
3 COUNTY IMPLEMENTS THE KING-HARBOR CLOSURE CONTINGENCY PLAN,  
4 I'LL EMPHASIZE JUST THREE POINTS, ADEQUATE FUNDING, PAYMENT TO  
5 DOCTORS PROMPTLY AND PLEASE ACCEPT TRANSFERS. TO DO OTHERWISE  
6 WOULD FURTHER DAMAGE AN ALREADY STRETCHED SAFETY NET. MANY OF  
7 THE AREA HOSPITALS ARE AT THE BRINK OF BEING FINANCIALLY  
8 UNVIABLE. PLEASE MAKE THE NECESSARY DECISIONS TO ENSURE THAT  
9 MORE HOSPITALS DON'T GO OVER THAT BRINK. THANK YOU.

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. NELLE IVORY, YOU'RE  
12 NEXT. LET ME CALL RACHAEL DISI? IS RACHAEL DISI HERE? NOT  
13 HERE. LYNETTE HILL? IS LYNETTE HILL HERE? NELLE IVORY.

14

15 **NELLE IVORY:** I'M NELLE IVORY. I'VE BEEN IN CALIFORNIA SINCE  
16 1945. AND, WHEN I CAME HERE, ONLY TWO HOSPITALS WERE AVAILABLE  
17 TO US, WHITE MEMORIAL AND BIG GENERAL. HOWEVER, WE ALL, OUR  
18 NEIGHBORS AND ALL, THEY HELPED BUILD THAT HOSPITAL. BUT I WANT  
19 TO SAY THIS, I LOOK AT EACH ONE OF YOU AND ANALYZE YOU. YOU  
20 HAVE THE POWER TO GIVE US BACK OUR SERVICE AND WE ARE ASKING  
21 FOR YOU TO GIVE BACK COMPLETE SERVICE FOR US SO WE WON'T DIE.  
22 DO YOU KNOW WHAT I FEEL LIKE RIGHT NOW? MEAT ON A PLANE HEADED  
23 FOR THE GROUND OR IN ONE OF HITLER'S BOXCARS HEADED FOR THE  
24 GAS CHAMBER. WE NEED THAT HELP. WE ARE NOT BEGGING FOR  
25 SOMETHING THAT WE DON'T NEED. EACH ONE OF YOU KNOW EVERYBODY



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1 NEEDS HEALTHCARE AND YOU GOT THE POWER TO GIVE IT BACK TO US.  
2 PLEASE, DO THAT. FOR OUR FUTURE CHILDREN. I'M OLD. IF I DIE  
3 TODAY, THAT'S THAT. BUT WHAT ABOUT THE BABIES AND THE OTHER  
4 PEOPLE, YOUNG PEOPLE? WE NEED IT.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. E.T. THOMAS HERE? COME  
7 ON DOWN. TOM GODFREY.

8

9 **DR. TOM GODFREY:** YES, MY NAME IS DR. TOM GODFREY, I'M AN  
10 INDEPENDENT CONSULTANT AND WRITER. FOR YEARS, I RAN A LARGE  
11 URGENT CARE CENTER. I OVERSAW A LARGE EMERGENCY DEPARTMENT  
12 AND, MOST RECENTLY, I WAS THE MEDICAL DIRECTOR OF A LARGE LOS  
13 ANGELES MEDICAL CENTER THAT YOU WOULD ALL KNOW BY NAME. THREE  
14 POINTS I'D LIKE TO RECOMMEND TO YOU. ONE IS SET PARAMETERS  
15 RIGHT NOW ABOUT THIS URGENT CARE CENTER. AUGUST IS THE SLOWEST  
16 MONTH OF THE YEAR IN THE HOSPITAL. THE ACID TEST WILL COME IN  
17 JANUARY. PEOPLE ARE GOING TO COME IN HERE THINKING THEY HAVE  
18 INDIGESTION. THEY'RE GOING TO HAVE AN ACUTE M.I. YOU'RE GOING  
19 TO HAVE BABIES WITH A FEVER WHO ARE ABOUT TO HAVE A SEIZURE  
20 AND THEY DO NOT BELONG IN URGENT CARE AND WHAT YOU DO NOT WANT  
21 IS TO HAVE CHAOS BECAUSE IT'S OVERLOADED AND EVERYBODY IS  
22 PARKED IN VARIOUS PLACES BECAUSE THAT'LL PUT YOU RIGHT BACK IN  
23 THE FRONT PAGES OF THE TIMES. THE SECOND IS, TO SUPERVISOR  
24 MOLINA'S POINT, YES, COMPETENCIES NEED TO BE LOOKED AT BUT YOU  
25 ALSO NEED TO LOOK AT ATTITUDE AND BEHAVIOR BECAUSE I WOULD



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1 ARGUE THAT MRS. RODRIGUEZ'S CASE, EVEN AN INCOMPETENT PERSON  
2 WOULD HAVE KNOWN THIS WOMAN NEEDED HELP SO YOU NEED TO GET A  
3 LOOK AT THE PERSONNEL FILES AND IF THE PROBLEM IS THE  
4 DISCIPLINE SYSTEM IS TOO COMPLEX AND THERE ARE TOO MANY  
5 ROADBLOCKS, YOU NEED SOME PLAIN SPEAKING ABOUT THAT AND I  
6 DIDN'T HEAR IT HERE TODAY.

7

8 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU.

9

10 **DR. TOM GODFREY:** SECOND THING-- LAST THING IS LOSS OF  
11 RESIDENCIES. THAT'S SIGNIFICANT. THESE ARE DOCTORS IN  
12 TRAINING. THEY DON'T PUT THEM IN A CLOSET. THEY'LL GO AWAY.  
13 IT'S VERY HARD TO START IT UP AGAIN WHEN THEY'RE GONE. THANK  
14 YOU.

15

16 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU, DR. GODFREY. PATRICIA  
17 VICTORY.

18

19 **PATRICIA VICTORY:** HI, MY NAME IS PATRICIA VICTORY AND I STAY  
20 IN THE NICKERSON PROJECTS AND I'VE BEEN THERE ALMOST 30 TO 40  
21 YEARS AND WE NEED MARTIN LUTHER KING HOSPITAL. ONE DAY I HURT  
22 MY HEAD AND MARTIN LUTHER KING SAVED MY LIFE. THEY SAVED MY  
23 GRANDDAUGHTER'S LIFE. THEY SAVED MY SON'S LIFE. AND I BROKE MY  
24 LEG. AND THEY SAVED MY LIFE WHEN I WASN'T THERE NO MORE THAN  
25 TWO HOURS. AND WE NEED MARTIN LUTHER KING. I'M NOT TRYING TO



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1 HURT NOBODY'S FEELINGS BUT I WAS BORN AT THE GENERAL HOSPITAL.  
2 AND THEY JUST AS SLOW AS MARTIN LUTHER KING HOSPITAL. AND ONE  
3 HOSPITAL AIN'T NO BETTER THAN THE OTHER ONE. AND THEY DIE AT  
4 EVERY HOSPITAL NOT JUST MARTIN LUTHER KING. NOW JUST LOOK AT  
5 ALL THE PEOPLE THAT DIE WAY BEFORE THIS LADY DIED. YOU  
6 UNDERSTAND WHAT I'M SAYING? SHE AIN'T THE ONLY ONE THAT DIED  
7 AT MARTIN LUTHER KING. THERE'S A WHOLE LOT OF PEOPLE DONE DIED  
8 WAY BEFORE SHE DIED. JUST THINK ABOUT ALL THE MANY YEARS THAT  
9 IT'S BEEN THERE. BUT, LIKE I SAID, YOU KNOW, THAT HOSPITAL  
10 BEEN THERE FOR A LONG TIME AND MARTIN LUTHER KING IS A GOOD  
11 HOSPITAL AND WE NEED THAT HOSPITAL. AND THEN YOU'RE NOT  
12 THINKING ABOUT ALL THE PREGNANT WOMEN. LOOK AT ALL THE  
13 PREGNANT WOMEN THAT HAVE GOT TO GO TO THE HOSPITAL AND YOU ALL  
14 DONE CLOSED THE EMERGENCY THERE. WE NEED THAT HOSPITAL, SIR.  
15 AND REMEMBER, YOU GOT FAMILY MEMBERS AND PEOPLE NEED TO GO TO  
16 THAT HOSPITAL, TOO, RIGHT?

17

18 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. LYNETTE HILL? I'M  
19 SORRY, MS. VICTORY.

20

21 **PATRICIA VICTORY:** OKAY. GOD BLESS YOU, THANK YOU.

22

23 **SUP. YAROSLAVSKY, CHAIRMAN:** YOU MADE YOUR POINT. MISS HILL?

24



**The Meeting Transcript of  
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1    **LYNETTE HILL:** GOOD AFTERNOON, BOARD. AND, AS THIS  
2    DISTINGUISHED LADY JUST SAID, THAT YOU NEVER KNOW IF YOU ALL  
3    MIGHT NEED THE SAME HELP. IN A POST-9/11 WORLD THAT WE LIVE  
4    IN, YOU NEVER KNOW THESE THINGS. WITH T.B. ON THE RISE, YOU  
5    NEVER KNOW. YOU MIGHT BE ON A FREEWAY, SOMETHING HAPPEN TO  
6    YOU, YOU MIGHT GET SHOT ON THE 210 FREEWAY. SOMETHING MIGHT  
7    HAPPEN TO YOU, YOU DON'T KNOW WHAT YOUR FATE IS. ONLY GOD  
8    KNOWS. SO, WHEN YOU HAVE A HEALTHCARE SYSTEM THAT IS REALLY IN  
9    NEED OF REPAIR, IN NEED OF FUNDING, IT'S BEST TO DO THE RIGHT  
10    THING. IT'S NOT THAT HARD. IF YOU PUT YOUR MINDS TO IT,  
11    ANYTHING CAN HAPPEN. DON'T LET A LOT OF HALF TRUTHS AND A LOT  
12    OF MISGUIDING BY THE L.A. TIMES, WHICH IS THE SUNDAY PAPER  
13    RIGHT HERE, THEY'RE SAYING HERE PRETTY MUCH. "NEIGHBORING  
14    HOSPITALS SAY THEY HAVEN'T BEEN OVERWHELMED BY EXTRA PATIENTS  
15    BUT OFFICIALS NOTE IT WAS A CALM DAY." THIS WAS SUNDAY TIMES.  
16    EVERYBODY, YOU'VE HEARD HERE TODAY HAVE SAID JUST ABOUT IF YOU  
17    DO THIS, YOU'RE GOING TO CREATE MORE PROBLEMS FOR THE COUNTY  
18    OF LOS ANGELES THAN YOU THINK YOU HAVE TO DEAL WITH. OH, AND,  
19    YEAH, WE GOT TERRORISM AND DISEASES THAT WE DON'T EVEN HAVE A  
20    NAME FOR NOW, OKAY?

21

22    **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY.

23

24    **LYNETTE HILL:** THANK YOU, GOD BLESS.

25





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1    **SUP. YAROSLAVSKY, CHAIRMAN:** E. T. THOMAS?

2

3    **E.T. THOMAS:** GOOD AFTERNOON, BOARD MEMBERS AND OTHER  
4    DISTINGUISHED OFFICIALS. I'M E.T. THOMAS, A MEMBER OF THE AREA  
5    AGENCY ON AGING FOR THE COUNTY OF LOS ANGELES AND S.E.I.U.  
6    LOCAL 721. THIS MORNING, THE LOS ANGELES COUNTY SENIOR  
7    ADVISORY COUNCIL, BY UNANIMOUS VOTE, URGES THE BOARD OF  
8    SUPERVISORS TO MAINTAIN AND SUPPORT THE PROVISION OF THE FULL  
9    AND EMERGENCY HOSPITAL SERVICES AT MARTIN LUTHER KING  
10    HOSPITAL. SENIOR MEMBERS OF THE ENTIRE LOS ANGELES COUNTY  
11    COMMUNITY BENEFIT FROM THE SERVICES PROVIDED BY THE HOSPITAL.  
12    THIS IS NOT JUST A LOCAL ISSUE BECAUSE EVERY PERSON WHO  
13    TRAVELS ON THE FREEWAYS MAY, AT SOME TIME, NEED EMERGENCY  
14    CARE. MANY OF OUR COUNCIL MEMBERS HAVE HAD LIFESAVING  
15    EXPERIENCES BECAUSE MARTIN LUTHER KING WAS THE CLOSEST  
16    EMERGENCY CENTER. THEREFORE, WE VIGOROUSLY URGE YOU TO KEEP  
17    THE HOSPITAL OPEN TO SAVE OUR LIVES. THIS IS SUBMIT BY ZELDA  
18    HUTCHINSON, PRESIDENT, LOS ANGELES COUNTY AREA AGENCY ON AGING  
19    ADVISORY COUNCIL.

20

21    **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. DR. LEE WEISS? WE  
22    CALLED YOU EARLIER AND YOU WERE OUT OF THE ROOM. I'M SORRY. I  
23    CALLED YOU AT THE WRONG TIME, I GUESS. THIS WILL BE OUR LAST  
24    SPEAKER.

25



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1 **DR. LEE WEISS:** GOOD AFTERNOON. AND THANK YOU. MY NAME IS DR.  
2 LEE WEISS, I'M THE MEDICAL DOCTOR OF EMERGENCY MEDICINE AT  
3 CENTINELA FREEMAN. I KNOW YOU'RE ALL AWARE OF THIS. WE'RE  
4 WATCHING PERHAPS ONE OF THE FINAL NAILS IN THE SAFETY NET OF  
5 EMERGENCY CARE. AND, AS YOU KNOW, EMERGENCY CARE DOESN'T  
6 FOLLOW ANY PARTICULAR RHYME OR REASON. IT'S NOT PREDICTABLE  
7 AND WHAT WE SEE TODAY ISN'T NECESSARILY WHAT WE'RE GOING TO  
8 SEE TOMORROW BUT THIS PAST WEEKEND, AND YOU'VE HEARD COUNTLESS  
9 OTHERS SPEAK TO THIS, WE SAW, AT CENTINELA, A 10 TO 15 PERCENT  
10 RISE IN VOLUME IN A SLOWER PART OF THE SUMMER. OUR CAPACITY IS  
11 AT ITS LIMIT. AND OUR WORRY, OF COURSE, IS THAT THE COMING  
12 COLD WEATHER AND THE COMING FLU SEASON, WE'LL SEE VOLUMES OF  
13 GREATER THAN 200 PATIENTS A DAY AT A HOSPITAL LIKE CENTINELA,  
14 NOW STRETCHED WAY BEYOND ITS BREAKING POINT TO BE ABLE TO  
15 SERVICE THIS COMMUNITY OF INGLEWOOD. WE IN THE EMERGENCY  
16 COMMUNITY ARE DEDICATED TO SERVICING OUR PATIENT POPULATION  
17 AND ALL OF THE PATIENTS THAT PRESENT TO US BUT WE'RE VERY  
18 CONCERNED THAT THAT NET AND THAT ABILITY TO SERVICE THOSE  
19 PATIENTS HAS BEEN IRREPARABLY HARMED.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** THANK YOU. WASN'T HELP WHEN  
22 FREEMAN CLOSED ITS EMERGENCY ROOM, EITHER, WAS IT?

23

24 **DR. LEE WEISS:** NO.

25



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1   **SUP. YAROSLAVSKY, CHAIRMAN:** NO. THANK YOU. BUT WE COULDN'T  
2   COME TO THAT BOARD MEETING BECAUSE THAT WAS CLOSED. ALL RIGHT,  
3   DR. CHERNOF AND MR. FUJIOKA, I ASK YOU TO COME BACK. DR.  
4   CHERNOF, WHILE YOU'RE WALKING UP THERE, I'D LIKE TO ASK IF YOU  
5   COULD COMMUNICATE TO YOUR E.M.S. DEPARTMENT, THERE ARE A LOT  
6   OF NUMBERS BEING THROWN AROUND BUT I BELIEVE THE E.M.S. OFFICE  
7   CAN, I BELIEVE THEY CAN VALIDATE OR VERIFY WHAT THE ACTUAL  
8   NUMBERS ARE AS FAR AS HOSPITAL-- AMBULANCE DISTRIBUTION DURING  
9   THE COURSE OF THE LAST WEEKEND HAS BEEN, CORRECT?

10

11   **DR. BRUCE CHERNOF:** CORRECT.

12

13   **SUP. YAROSLAVSKY, CHAIRMAN:** SO THAT IT'S NOT JUST WE HAD A 10  
14   TO 15 PERCENT INCREASE, 11 TO 15 MORE AMBULANCES PER DAY, I  
15   THINK WE'D LIKE TO GET, IF YOU COULD HAVE CAROL OR WHOEVER IT  
16   IS AT E.M.S. NOW, GIVE US A WEEKLY REPORT OR HOWEVER THEY  
17   BREAK IT DOWN SO THAT WE CAN HAVE FACTUAL INFORMATION ON  
18   EXACTLY WHAT'S HAPPENING IN THE REGION FOR-- AS BEST AS WE CAN  
19   DETERMINE ON THE AMBULANCE AND OTHER TRAFFIC THAT'S GOING IN  
20   THAT MAY BE ATTRIBUTABLE TO KING.

21

22   **SUP. KNABE:** MR. CHAIRMAN? JUST IN REGARDS TO THAT INSTEAD OF--  
23   I MEAN, OBVIOUSLY, BE WEEKLY WOULD BE GREAT BUT MAYBE IT WOULD  
24   BE GOOD TOMORROW IF WE COULD HAVE SOMETHING FOR THE WEEKEND.

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, THAT WOULD BE GOOD IF YOU  
2    CAN GET IT THAT QUICKLY. YEAH. I MEAN, I THINK YOU PROBABLY  
3    HAVE IT.

4

5    **DR. BRUCE CHERNOF:** I WILL CERTAINLY BE GLAD TO TRY TO GET  
6    SOMETHING FOR YOU GUYS BY TOMORROW AND WE CAN DEFINITELY  
7    GENERATE A WEEKLY REPORT.

8

9    **SUP. YAROSLAVSKY, CHAIRMAN:** BECAUSE I WILL TELL YOU-- EXCUSE  
10   ME ONE SECOND. I WILL TELL YOU-- AND I'M NOT GOING TO MAKE A  
11   JUDGMENT BASED ON MY AFTERNOON IN THE COMMUNITY ON SATURDAY,  
12   BECAUSE THAT WOULDN'T BE FAIR, EITHER. BUT, AS OF SATURDAY  
13   AFTERNOON IN THE ONE HOSPITAL THAT I WAS IN, THERE WAS NOT ANY  
14   KIND OF A BUMP AND I SPECIFICALLY ASKED THAT IN TERMS OF  
15   TRAFFIC. AND, IN FACT, THEY HAD, THE NIGHT BEFORE, THE NIGHT  
16   YOU CLOSED YOUR E.R., THAT HOSPITAL REPORTED TO ME THAT HAD I  
17   BELIEVE IT WAS EITHER 14 OR 17 EMPTY BEDS THAT THEY FILLED  
18   DURING THE COURSE OF THE NIGHT BUT THAT THEY HAD. SO I JUST  
19   WANT TO-- PEOPLE COME UP HERE AND THEY SAY THINGS THAT THEN  
20   GET REPORTED IN THE PAPER AND THEY BECOME FACT AND WE HAVE AN  
21   ABILITY, I THINK, TO DETERMINE WHAT THE REAL FACTS ARE. THERE  
22   IS NO QUESTION THAT WE ARE WORSE OFF WITHOUT A 300-BED  
23   HOSPITAL AND AN EMERGENCY ROOM THAN WITHOUT IT THAN WE WOULD  
24   BE WITH IT. NO QUESTION ABOUT THAT. BUT, IN TERMS OF  
25   QUANTIFYING IT, I THINK WE OUGHT TO HAVE THE FACTS. IT HELPS



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1 YOU CALIBRATE AND US CALIBRATE WHAT WE'RE GOING TO HAVE TO DO.

2 ALL RIGHT.

3

4 **SUP. BURKE:** COULD WE HAVE AN UPDATE ON THAT, THOUGH, AS WE GO  
5 ALONG? NOW, I WASN'T AWARE THAT AUGUST OR THE SUMMER IS THE  
6 LOW POINT. COULD WE HAVE AN ONGOING UPDATE ON THAT AS WE GO  
7 THROUGH THE YEAR?

8

9 **DR. BRUCE CHERNOF:** ABSOLUTELY.

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. IS THERE ANYTHING THAT  
12 YOU WOULD LIKE TO SAY AT THIS POINT BEFORE WE GET TO THE  
13 CLOSING OF THE MEETING AND THE BUSINESS AT HAND? ALL RIGHT.  
14 SUPERVISOR MOLINA, DO YOU HAVE A MOTION AT THIS POINT?

15

16 **SUP. MOLINA:** I DO. BUT SOMEHOW WE HAVE A WEAK PRINTER  
17 SOMEWHERE.

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. WHAT WOULD YOU LIKE TO  
20 DO? NO, GO AHEAD.

21

22 **SUP. MOLINA:** FIRST OF ALL, THERE'S ONE THING THAT I DO NEED.  
23 WE DO NEED TO ESTABLISH-- I THINK WE NEED TO GO INTO CLOSED  
24 SESSION TOMORROW TO DISCUSS THE NEGOTIATIONS.

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** WE ARE GOING TO DO THAT. WE HAVE  
2    IT CALENDARED TOMORROW.

3

4    **CLERK SACHI HAMAI:** SUPERVISOR YAROSLAVSKY, THE CLOSED SESSION  
5    YOU HAVE CALENDARED FOR TOMORROW IS NOT ON THE NEGOTIATIONS.  
6    IT'S ON THE REGULATORY ACTIONS. I THINK MS. MOLINA IS  
7    CONSIDERING...

8

9    **SUP. MOLINA:** WHAT I'M LOOKING FOR...

10

11   **SUP. YAROSLAVSKY, CHAIRMAN:** WHY DON'T YOU MAKE A MOTION FOR A  
12   FINDING?

13

14   **SUP. MOLINA:** YEAH.

15

16   **SUP. ANTONOVICH:** OKAY. SECOND.

17

18   **SUP. MOLINA:** FOR EMERGENCY FINDINGS...

19

20   **SUP. KNABE:** SECOND THE MOTION.

21

22   **SUP. ANTONOVICH:** YEAH, SECOND.

23

24   **SUP. YAROSLAVSKY, CHAIRMAN:** YEAH, IT CAME TO THE ATTENTION OF  
25   THE BOARD, AFTER THE POSTING OF THE AGENDA, SECOND. IT'S



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1    SECONDED BY ANTONOVICH. MOLINA MOVES, ANTONOVICH SECONDS. ANY  
2    OBJECTION? THE FINDING IS MADE. NOW...

3

4    **CLERK SACHI HAMAI:** MR. CHAIRMAN, EXCUSE ME, COULD I ALSO  
5    SUGGEST THAT I THINK THERE WAS SOME DISCUSSION OF GOING IN ON  
6    THE PERSONNEL ACT OR THE PERSONNEL ISSUES? WE WOULD ALSO HAVE  
7    TO NOTICE THAT FOR TOMORROW AS WELL.

8

9    **SUP. YAROSLAVSKY, CHAIRMAN:** MOLINA MAKES THE SAME MOTION ON  
10   THAT, SECONDED BY KNABE THIS TIME. AND, WITHOUT OBJECTION,  
11   UNANIMOUS VOTE. SO WE HAVE THOSE TWO ITEMS PLUS WHAT WAS ON  
12   THE CALENDAR.

13

14   **SUP. MOLINA:** AND I APOLOGIZE FOR NOT GETTING THIS TO YOU  
15   EARLIER. WE'VE BEEN MAKING CHANGES...

16

17   **SUP. BURKE:** AND I'M GOING TO HAVE A MOTION.

18

19   **SUP. MOLINA:** ...ALONG THE WAY. BUT LET ME READ IT IN AND THEN  
20   IT MIGHT REQUIRE SOME ADDITIONAL CHANGES. SHE'S GOING TO GET  
21   YOU ONE, SACHI. IN RESPONSE TO RECENT FAILURE NOTIFICATION  
22   FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, THE  
23   DEPARTMENT OF HEALTH SERVICES HAS CLOSED MARTIN LUTHER KING,  
24   JR. HOSPITAL-- HARBOR HOSPITAL'S EMERGENCY ROOM AND INPATIENT  
25   ADMISSIONS FUNCTIONS, NECESSARY STEPS TO ENSURE PATIENT SAFETY





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1 WHILE RETAINING CRITICAL URGENT CARE AND OTHER OUTPATIENT  
2 CLINIC SERVICES. WHILE A NUMBER OF M.L.K.-HARBOR STAFF AND  
3 CONTRACTORS WILL REMAIN TO SUPPORT THE URGENT CARE AND  
4 OUTPATIENT CLINICS ON SITE, A SIGNIFICANT NUMBER OF STAFF ARE  
5 EXPECTED TO BE TRANSFERRED TO OTHER APPROPRIATE POSITIONS IN  
6 OTHER COUNTY FACILITIES. DESPITE REPEATED REPRESENTATIONS FROM  
7 D.H.S. AND M.L.K.-HARBOR MANAGEMENT THAT THE HOSPITAL STAFF IS  
8 THE MOST TRAINED AND TESTED IN THE COUNTY, THE C.M.S. LETTER  
9 OF AUGUST 10TH REVEALED SIGNIFICANT STAFF FAILURES INVOLVING  
10 PATIENT SUPERVISION, INFECTION CONTROL AND THE CAPACITY TO  
11 CALCULATE CORRECT MEDICAL DOSAGES TO PEDIATRIC PATIENTS.  
12 THEREFORE, ANY PLAN TO TRANSFER STAFF TO OTHER FACILITIES IN  
13 THE COUNTY MUST BE APPROVED BY THIS BOARD PRIOR TO TRANSFER.  
14 THIS BOARD MUST ENSURE THAT NO EMPLOYEE WHO HAS DEMONSTRATED  
15 FAILURE IN COMPETENCY FOR HIS OR HER CLASSIFICATION BE  
16 TRANSFERRED TO ANOTHER FACILITY. I THEREFORE MOVE THAT, BY  
17 TOMORROW, AUGUST THE 14TH, THE C.E.O., IN COLLABORATION WITH  
18 D.H.S. AND DEPARTMENT OF HUMAN RESOURCES, IMMEDIATELY  
19 DETERMINE THE NUMBER AND CLASSIFICATIONS OF STAFF TO BE  
20 TRANSFERRED FROM M.L.K.-HARBOR HOSPITAL TO OTHER FACILITIES IN  
21 THE COUNTY. THE DETERMINATION OF STAFF REMAINING AT M.L.K.-  
22 HARBOR MUST BE BASED ON ACTUAL CLINICAL NEED, BE CONSISTENT  
23 WITH STAFFING PATTERNS THROUGHOUT THE SYSTEM, AND, TO THE  
24 EXTENT POSSIBLE, REFLECT THE DEMOGRAPHIC AND LINGUISTIC  
25 REALITIES OF ITS PATIENT POPULATION. SECONDLY, IN ONE WEEK,



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1 PREPARE A DETAILED PLAN TO ASSESS THE COMPETENCY OF THEIR  
2 CLASSIFICATION OF ALL STAFF REMAINING AT M.L.K.-HARBOR AND  
3 THOSE WHO WILL BE TRANSFERRED TO OTHER COUNTY FACILITIES.  
4 EVALUATION AND ASSESSMENT TO BE COMPLETED BY AN INDEPENDENT  
5 BODY DETERMINED BY THE C.E.O. THIS BODY SHOULD HOLD M.L.K.-  
6 HARBOR STAFF TO THE SAME COMPETENCY LEVEL EXPECTED OF ALL  
7 OTHERS IN THE SYSTEM AT EACH RESPECTIVE CLASSIFICATION LEVEL.  
8 ANY STAFF MEMBER NOT MEETING THE EXPECTED COMPETENCY LEVEL  
9 WILL NOT BE TRANSFERRED UNTIL THIS STANDARD IS REACHED OR A  
10 POSITION IS FOUND COMMENSURATE WITH THE EMPLOYEE'S SKILL  
11 LEVEL. THREE, THE PLAN MUST ENSURE THAT APPROPRIATE RESOURCES  
12 FOR FOLLOW-UP MONITORING AND SUPPORT IS PROVIDED AT THE  
13 TRANSFERRED EMPLOYEE'S RECEIVING INSTITUTIONS. 4, THAT WE  
14 DIRECT THE C.E.O., IN COOPERATION WITH D.H.S., TO ASSEMBLE A  
15 SEPARATE NEGOTIATING TEAM TO OVERSEE AND NEGOTIATE A CONTRACT  
16 FOR A REPLACEMENT OPERATOR AT MARTIN LUTHER KING HOSPITAL. BY  
17 TOMORROW, THE C.A.O., IN COLLABORATION WITH D.H.S., MUST  
18 IDENTIFY ALL THE IDEAL CONTRACTUAL ELEMENTS FOR AN OPERATOR AT  
19 M.L.K. A SET OF CONTRACT ELEMENTS OF AN IDEAL CONTRACTING  
20 PARTNERSHIP SHOULD BE PRESENTED TO THE BOARD IN CLOSED SESSION  
21 TOMORROW. A TEAM DESIGNATED BY THE C.E.O., IN CONJUNCTION WITH  
22 D.H.S., SHOULD BE ESTABLISHED TO IMPLEMENT A VERY TIGHT  
23 TIMEFRAME TO ENSURE THE HOSPITAL'S REOPENING WITHIN 12 MONTHS.  
24 RECRUITMENT SHOULD BE LIMITED TO THREE MONTHS. NEGOTIATIONS  
25 AND CONCLUSION OF CONTRACT NEGOTIATIONS SHOULD BE LIMITED TO



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1 THREE MONTHS. CONTRACTORS SHOULD BE LIMITED TO THREE MONTHS TO  
2 EITHER RECRUIT STAFF AND PREPARE FACILITIES AND THE  
3 CONTRACTORS SHOULD BE LIMITED TO THREE MONTHS TO TRAIN AND  
4 PREPARE PERSONNEL. THE C.M.S. STATEMENT OF SUFFICIENCY ON  
5 M.L.K. IS TO BE RELEASED TO THE PUBLIC. ADDITIONALLY, A  
6 STATEMENT OF MITIGATION TO BE PREPARED IN ORDER TO SCHEDULE  
7 THE APPROPRIATE BEILENSEN HEARINGS.

8

9 **SUP. ANTONOVICH:** SECOND.

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. I HAVE-- BEFORE YOU-- I  
12 RECOGNIZE YOU, MS. BURKE. I HAVE ONE QUESTION AND IT MAY BE A  
13 SUBTLE-- TO ME, IT'S NOT SUBTLE. IN ITEM 2 OF THE MOTION,  
14 WHERE IT SAYS, "ANY STAFF MEMBER NOT MEETING THE EXPECTED  
15 COMPETENCY LEVEL WILL NOT BE TRANSFERRED UNTIL THE STANDARD IS  
16 REACHED OR A POSITION IS FOUND..." WHAT HAPPENS TO THAT PERSON  
17 IN THE MEANTIME? IF THEY AREN'T COMPETENT ENOUGH TO BE  
18 TRANSFERRED, THEN THEY AREN'T COMPETENT ENOUGH TO STAY WHERE  
19 THEY ARE AND I WANT TO KNOW HOW WE CAN WORD THAT SO THAT  
20 YOU'RE NOT-- SO THAT THIS ISN'T AN ORDER FOR YOU TO FREEZE  
21 PEOPLE IN PLACE AT KING OR ITS REMAINING INSTITUTIONS. I JUST  
22 DON'T KNOW HOW I CAN VOTE FOR SOMETHING THAT SAYS IT'S NOT  
23 OKAY TO TRANSFER THEM TO COUNTY U.S.C. OR TO OLIVE VIEW BUT  
24 IT'S OKAY TO STAY AT M.L.K. OR AT THE URGENT CARE FACILITY. SO  
25 I NEED SOME GUIDANCE ON HOW WE CAN WORD THAT.



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1

2 **C.E.O. FUJIOKA:** THE FIRST PART OF THE SENTENCE IS FINE. IT  
3 SPEAKS TO ANY STAFF MEMBER NOT MEETING EXPECTED...

4

5 **SUP. YAROSLAVSKY, CHAIRMAN:** RIGHT. ALL OF IT IS FINE EXCEPT  
6 FOR THAT ONE CLAUSE.

7

8 **C.E.O. FUJIOKA:** YES, BUT WITH RESPECT TO WHAT WOULD HAPPEN IF  
9 A PERSON FAILS, THEN THEY SHOULD BE PUT IN VERY SPECIFIC PLAN  
10 OF REMEDIATE OR TRAIN THAT INDIVIDUAL TO ACHIEVE THAT  
11 COMPETENCY.

12

13 **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, BUT THAT'S IMPLIED IN THE  
14 REST OF THE SENTENCE THAT SAYS, "...UNTIL THE STANDARD IS  
15 REACHED OR A POSITION IS FOUND COMMENSURATE WITH THE  
16 EMPLOYEE'S SKILL LEVEL." BUT, IN THE MEANTIME, THEY HAVE A  
17 POSITION. THEY'RE A NURSE, THEY'RE A DOCTOR, THEY'RE A  
18 JANITOR, WHATEVER IT IS.

19

20 **C.E.O. FUJIOKA:** THERE ARE SOME INDIVIDUALS SUCH AS THOSE WHO  
21 HOLD A PROFESSIONAL LICENSE, IF THEY DON'T MEET THE BASIC  
22 REQUIREMENTS TO HOLD THAT LICENSE, WE WOULD TAKE APPROPRIATE  
23 ACTION.

24



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1   **SUP. YAROSLAVSKY, CHAIRMAN:** SO YOU WOULDN'T HAVE ANY OBJECTION  
2   IF WE ADDED A SENTENCE OR CLAUSE IN HERE THAT SAYS-- LET ME  
3   FINISH-- "...WILL NOT BE TRANSFERRED OR MAINTAINED IN THEIR  
4   CURRENT POSITION UNTIL THE STANDARD IS REACHED OR A POSITION  
5   IS FOUND COMMENSURATE..."

6

7   **SUP. KNABE:** OR RETAINED, YOU KNOW, RETAINED.

8

9   **SUP. YAROSLAVSKY, CHAIRMAN:** OR RETAINED. THAT'S BETTER.

10   "...WILL NOT BE TRANSFERRED OR RETAINED..."

11

12   **C.E.O. FUJIOKA:** THAT WOULD BE FINE. WE SHOULD DO THAT. IF THEY  
13   DON'T MEET THE LICENSURE...

14

15   **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. TRANSFERRED OR RETAINED. DO  
16   YOU GOT THAT? DO YOU HAVE ANY PROBLEM WITH THAT? OKAY. MS.  
17   BURKE?

18

19   **SUP. BURKE:** YES. I WOULD LIKE TO GO BACK TO ITEM NUMBER 1, THE  
20   LAST SENTENCE, "REFLECT THE DEMOGRAPHIC AND LINGUISTIC  
21   REALITIES OF ITS PATIENT POPULATION". I WOULD REALLY LIKE TO  
22   REALLY GET SOME INPUT FROM THE DEPARTMENT AS TO HOW THEY WOULD  
23   GO ABOUT ACHIEVING THAT GOAL AND I DON'T KNOW EXACTLY HOW WE  
24   SHOULD WORD IT BUT CERTAINLY I WOULD WANT TO GET SOME INPUT  
25   FROM THE DEPARTMENT AND FROM THE DEPARTMENT OF AFFIRMATIVE



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1 ACTION IN TERMS OF THE MECHANISM OF HOW YOU WOULD HAVE AN  
2 INSTITUTION REFLECT THE DEMOGRAPHIC AND LINGUISTIC REALITIES  
3 OF ITS PATIENT POPULATION.

4

5 **C.E.O. FUJIOKA:** IF I CAN COMMENT ON THAT, IF YOU NOTICE, IT  
6 STATES, "TO THE EXTENT POSSIBLE, AT ANY FACILITY THAT PROVIDES  
7 A SERVICE TO THE COMMUNITY." IT IS A GOOD PRACTICE TO HAVE THE  
8 BILINGUAL SKILLS OR SERVICES AVAILABLE TO THAT POPULATION. AND  
9 I KNOW THAT, WHETHER IT'S IN HEALTH SERVICES OR PUBLIC SOCIAL  
10 SERVICES OR CHILDREN AND FAMILY SERVICES, WE SHOULD TRY TO  
11 HAVE THOSE INDIVIDUALS WHO PROVIDE THE SERVICE BE ABLE TO  
12 COMMUNICATE WITH THE COMMUNITY IT'S SERVING. SO I THINK THAT'S  
13 JUST A GOOD BASIC PRACTICE. WE'LL DO OUR BEST TO DO THAT.

14

15 **SUP. BURKE:** WELL, I THINK IF IT'S WORDED THAT WAY, IT WOULD BE  
16 A LITTLE BIT BETTER. THE IMPLICATION HERE SEEMS TO BE THAT YOU  
17 WOULD SELECT YOUR POPULACE BASED ON DEMOGRAPHICS AND I DON'T  
18 THINK THAT, AT MOST OF OUR HOSPITALS, WE DO THAT. WE TRY TO  
19 HIRE THE BEST POSSIBLE PEOPLE. OBVIOUSLY, WE HAVE TO MEET THE  
20 LINGUISTIC REQUIREMENTS AND WE HAVE TO HAVE PEOPLE WHO CAN  
21 COMMUNICATE WITH THE PATIENTS WHO COME AND I CERTAINLY AM VERY  
22 SUPPORTIVE OF THAT. I JUST DON'T-- I JUST THINK, WHEN WE GET  
23 INTO DEMOGRAPHICS AND FIGURING OUT HOW MANY PEOPLE ARE IN AN  
24 AREA AND WHAT THE DEMOGRAPHICS ARE AND THEN TRY TO DETERMINE



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1 HOW YOU'RE GOING TO ALLOCATE STAFF, I DON'T WANT TO SEE US GET  
2 INTO THAT.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. I KNOW THAT MS. OCHOA IS  
5 HAVING A COW BACK THERE BUT-- ON THE ISSUE THAT WE WERE JUST  
6 TALKING ABOUT BUT, AS I UNDERSTAND ITEM NUMBER 2, THAT IS TO  
7 BE A REPORT TO BE PREPARED AND RETURNED TO US NEXT WEEK, IS  
8 THAT CORRECT?

9

10 **C.E.O. FUJIOKA:** YES.

11

12 **SUP. YAROSLAVSKY, CHAIRMAN:** SO WE'LL HAVE PLENTY OF TIME TO  
13 TALK ABOUT IT NEXT WEEK.

14

15 **SUP. ANTONOVICH:** MR. CHAIRMAN, I'M GOING TO HAVE TO LEAVE BUT  
16 I JUST WANT TO GIVE MY SUPPORT FOR THE MOTION THAT'S BEFORE  
17 US...

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** LET'S DO IT. AND WE ALSO HAVE THE  
20 RECOMMENDATIONS BEFORE US WHICH NEED TO BE PLACED BEFORE--  
21 I'LL MOVE THAT.

22

23 **SUP. MOLINA:** I OBJECT TO THE RECOMMENDATIONS.

24

25 **SUP. ANTONOVICH:** SECOND.





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1

2 **SUP. MOLINA:** LET ME JUST TELL YOU THAT I HAVE A REAL PROBLEM.  
3 THE RECOMMENDATIONS ARE THE ONES THAT ARE ON...

4

5 **SUP. YAROSLAVSKY, CHAIRMAN:** ON THE LAST PAGE.

6

7 **SUP. MOLINA:** ON THE LAST PAGE.

8

9 **SUP. YAROSLAVSKY, CHAIRMAN:** ...OF HIS REPORT OR THE LAST TWO  
10 PAGES. NOT ACTUALLY PAGES, I'M SORRY, PAGE 5 AND 6.

11

12 **SUP. MOLINA:** I HAVE NO PROBLEM WITH IMPLEMENTATION OF THE PLAN  
13 FOR THE DIVERSION AND ALL OF THOSE KINDS OF THINGS. I THINK  
14 THAT YOU'VE SET THAT UP AND THAT'S MEDICALLY COMPETENT. THAT'S  
15 A RESPONSIBILITY WE HAVE. WHAT I HAVE A PROBLEM IS "DELEGATE  
16 THE AUTHORITY." I AM VERY CONCERNED ABOUT OUR DELEGATED  
17 AUTHORITY. YOU KNOW, PEOPLE ARE COMING-- CLEARLY, IT IS THIS  
18 BOARD WHO IS BEING HELD RESPONSIBLE FOR OUR ABILITIES OR LACK  
19 OF ABILITIES. I HAVE BEEN CONCERNED WITH SOME OF THE ISSUES  
20 WITH REGARD TO WHEN I THOUGHT WE DELEGATED AUTHORITY TO YOU TO  
21 REALLY CHANGE THE HOSPITAL AND HAVE HARBOR TRULY SUPERVISE AND  
22 WE DIDN'T HAVE ALL OF THAT. AND WE REALLY DIDN'T HAVE THE  
23 INFUSION OF HARBOR SUPERVISION TO THE EXTENT THAT WE SHOULD.  
24 SO I WOULD ONLY DELEGATE THAT AUTHORITY BUT WITH A PLAN AS TO



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1 HOW THEY'RE GOING TO DO IT, TOO, AT THIS POINT, THE C.E.O., IN  
2 CONJUNCTION WITH D.H.S.

3

4 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. TO MODIFY IT TO DELEGATE IT  
5 TO THE C.E.O., IN CONJUNCTION WITH THE DIRECTOR OF HEALTH  
6 SERVICES.

7

8 **SUP. MOLINA:** BUT, AGAIN, JUST LET ME TELL IT TO KNABE. MY ONLY  
9 CONCERN IS THE DOLLAR AMOUNTS THAT ARE HERE AND WE DON'T KNOW  
10 WHAT THEY MEAN. WE HAVE NO IDEA. I MEAN, THESE HOSPITALS ARE  
11 ALL GOING TO SAY, "OH, EVERY PATIENT THAT I HAVE SEEN SINCE  
12 LAST FRIDAY IS YOUR PATIENT." I MEAN, WE HAVEN'T BEEN TOLD HOW  
13 YOU'RE GOING TO IDENTIFY WHICH ONES ARE TRULY INDIGENT, WHICH  
14 ONES ARE MEDI-CAL ELIGIBLE, ALL OF THESE ISSUES, THIS IS NOT  
15 IDENTIFIED BY ANY OF THAT. I WANT A PLAN THAT TELLS ME HOW  
16 THAT'S GOING TO BE DONE. I KNOW THAT WE ARE FORTUNATE TO HAVE  
17 HOSPITALS THAT WE CAN AT LEAST LOOK TO, TO SUPPLEMENT AND SEE  
18 IF THEY CAN TAKE CARE OF OUR INDIGENT PATIENTS BUT I AM VERY,  
19 VERY CONCERNED.

20

21 **SUP. YAROSLAVSKY, CHAIRMAN:** OKAY. ?LET'S-- CAN WE DO THIS?  
22 LET'S APPROVE THE DELEGATION TO THE C.E.O., IN CONJUNCTION, AS  
23 YOU JUST SUGGESTED, WITH THE D.H.S. DIRECTOR. SECONDLY, WILL  
24 YOU TOMORROW, WHEN WE GET INTO THE CLOSED SESSION ON THE  
25 CONTRACTING ISSUE, BE PREPARED TO MORE FULLY DISCUSS THESE



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1 NUMBERS? BECAUSE WE HAD SOME QUESTIONS EARLIER THAT WERE NOT  
2 FULLY ANSWERED. WE NEED TO UNDERSTAND THE ECONOMICS OF IT.

3

4 **SUP. MOLINA:** AND ON (C), I THINK YOU REALLY NEED TO TELL US  
5 WHY WE DO NEED THESE DOCS. WE DON'T NEED THIS CONTRACT WITH  
6 THE DOCTORS.

7

8 **C.E.O. FUJIOKA:** BEFORE WE EXECUTE, WE DO HAVE TIME TO COME  
9 BACK TO THIS BOARD WITH VERY SPECIFIC INFORMATION.

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** THAT'S FINE. IS THERE ANY  
12 OBJECTION UNDER THAT, AS AMENDED, WITH MS. MOLINA'S MOTION?

13

14 **C.E.O. FUJIOKA:** CAN I MAKE A QUICK COMMENT...

15

16 **SUP. YAROSLAVSKY, CHAIRMAN:** NO, NO COMMENT, MR. FUJIOKA,  
17 BECAUSE WE'RE GOING TO LOSE A VOTE.

18

19 **SUP. MOLINA:** BUT I'D LIKE TO HEAR YOUR COMMENTS AFTER THE  
20 VOTE.

21

22 **SUP. YAROSLAVSKY, CHAIRMAN:** YES. MS. MOLINA'S MOTION IS BEFORE  
23 US. WITHOUT OBJECTION, UNANIMOUS VOTE. AND THEN DR. CHERNOF'S  
24 RECOMMENDATIONS, AS AMENDED, ON THE DELEGATION OF AUTHORITY,



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1 WITHOUT OBJECTION, UNANIMOUS VOTE. AND BE PREPARED TOMORROW TO  
2 TALK IN CLOSED SESSION ABOUT THE NUMBERS. THANK YOU, MIKE.

3

4 **SUP. MOLINA:** ALL RIGHT, THANK YOU.

5

6 **SUP. YAROSLAVSKY, CHAIRMAN:** NOW YOU WANT TO MAKE A COMMENT? GO  
7 AHEAD. I JUST WAS TRYING TO KEEP MIKE HERE. HE HAS AN  
8 EMERGENCY.

9

10 **C.E.O. FUJIOKA:** THE ONLY THING THAT I ASK IS JUST, WITH  
11 RESPECT TO THE MOTION ON NUMBER 4, THERE'S VERY SPECIFIC TIME  
12 LIMITS FOR EACH ELEMENT. I WOULD ASK THAT WE KEEP IT TO A  
13 TOTAL YEAR FOR ALL THE ELEMENTS BECAUSE THERE...

14

15 **SUP. YAROSLAVSKY, CHAIRMAN:** WHICH ITEM ARE YOU LOOKING AT?

16

17 **C.E.O. FUJIOKA:** NUMBER 4.

18

19 **SUP. YAROSLAVSKY, CHAIRMAN:** ON PAGE 6?

20

21 **SUP. KNABE:** YOU'RE DOING-- WHICH MOTION?

22

23 **C.E.O. FUJIOKA:** IT'S SUPERVISOR MOLINA'S MOTION. THERE ARE  
24 SOME VERY SPECIFIC ELEMENTS WHERE IT SAYS SHOULD BE LIMITED TO  
25 THREE MONTHS. THERE ARE SOME ELEMENTS WE PROBABLY CAN DO



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1   QUICKER. AND THAT WOULD GIVE TIME FOR, SAY, THE NEW PROVIDER  
2   TO A LONGER PERIOD TO RECRUIT AND TRAIN INDIVIDUALS SO...

3

4   **SUP. MOLINA:** I WOULD WELCOME-- I GUESS I WOULD WELCOME A  
5   TIMEFRAME THAT WOULD WORK TO TURN THE HOSPITAL OVER TO  
6   SOMEBODY IN 12 MONTHS.

7

8   **C.E.O. FUJIOKA:** THAT WOULD BE GREAT.

9

10   **SUP. MOLINA:** I WOULD WELCOME THAT. BUT IF YOU SAY NEGOTIATIONS  
11   ARE GOING TO GO FOR-- I MEAN, RECRUITMENT FOR THREE MONTHS AND  
12   NEGOTIATIONS FOR SIX MONTHS, THEN YOU'RE GOING TO GET AN  
13   EXTENSION AFTER SIX MONTHS, YOU'RE GOING TO COME BACK IN AND  
14   ASK FOR A 90-DAY EXTENSION BECAUSE WE'RE THIS CLOSE.

15

16   **C.E.O. FUJIOKA:** I AGREE.

17

18   **SUP. MOLINA:** SO I'D RATHER SAY WE LOAD IT UP FRONT AS TO WHAT  
19   WE NEED. THAT HOSPITAL, IF WE CAN FIND A PARTNER, HAS TO  
20   REOPEN WITHIN A YEAR.

21

22   **C.E.O. FUJIOKA:** OKAY.

23

24   **SUP. BURKE:** I AGREE WITH THAT VERY STRONGLY.

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. SO GO AHEAD, DR.  
2    CHERNOF.

3

4    **C.E.O. FUJIOKA:** WE'RE FINE.

5

6    **DR. BRUCE CHERNOF:** JUST SO THAT WE'RE CLEAR, I THINK THIS IS  
7    VERY IMPORTANT BECAUSE I WOULDN'T WANT A GOOD PRIVATE PARTNER  
8    TO BE SCARED AWAY BY TIMEFRAMES THAT THEY DON'T THINK THEY CAN  
9    MEET. SO IF OUR UNDERSTANDING IS A YEAR FOR THOSE STEPS, I  
10    THINK THAT WORKS.

11

12    **SUP. MOLINA:** A YEAR FOR WHAT?

13

14    **DR. BRUCE CHERNOF:** FOR...

15

16    **C.E.O. FUJIOKA:** TO ACHIEVE THE GOALS, BRING IN A NEW...

17

18    **SUP. MOLINA:** WELL, ACHIEVING THE GOAL, THAT'S RIGHT. BUT I  
19    THINK THAT WHOEVER OUR PRIVATE PARTNER IS, THEY NEED TO  
20    UNDERSTAND THAT WE REALLY NEED THOSE SERVICES UP AND RUNNING  
21    AS QUICKLY AS POSSIBLE. WE'RE NOT GOING TO GO INTO A LONG-  
22    RANGE, PROTRACTED CONTRACTING PROVISIONS, WHICH HAS HAPPENED  
23    IN THE PAST. AND, AT THE END OF THE DAY, WE END UP WITH  
24    NOTHING.

25



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1    **SUP. YAROSLAVSKY, CHAIRMAN:** SO WHAT WAS BOTHERING YOU? THE  
2    THREE MONTHS BUSINESS? THE RECRUITMENT IN THREE MONTHS? WILL  
3    YOU JUST AGREE TO TAKE IT DOWN?

4

5    **SUP. MOLINA:** I'M NOT. I'M WILLING-- HE'S GOING TO COME BACK  
6    AND TELL ME OF A GOOD TIMEFRAME.

7

8    **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, BUT YOU HAVE AN APPROVED  
9    MOTION NOW THAT INCLUDES IT.

10

11   **SUP. MOLINA:** THAT'S RIGHT. BUT WHAT I'M SAYING IS THAT I WOULD  
12   WELCOME A NEW TIMEFRAME. I MADE UP THAT TIMEFRAME. I DON'T  
13   KNOW IF IT'S ANY GOOD. BUT I WOULD WELCOME A NEW ONE, AS LONG  
14   AS IT'S WITHIN THE 12 MONTHS.

15

16   **C.E.O. FUJIOKA:** THAT IS THE ABSOLUTE GOAL. WE UNDERSTAND THAT.

17

18   **SUP. BURKE:** RIGHT. AND, AS LONG AS YOU KEEP THE 18 MONTHS IN  
19   THERE. IT WILL BE 18 MONTHS OR MORE.

20

21   **SUP. YAROSLAVSKY, CHAIRMAN:** WE WERE TALKING ABOUT RECRUITMENT  
22   OF THREE MONTHS, I THOUGHT, IS THAT WHAT-- THIS IS THE  
23   PROBLEM.

24





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1    **C.E.O. FUJIOKA:** THERE'S SEVERAL ELEMENTS THERE. IN EACH  
2    ELEMENT, IT'S LIMITED TO THREE MONTHS.

3

4    **SUP. YAROSLAVSKY, CHAIRMAN:** WELL, THIS IS PROBLEM WHEN  
5    SOMETHING GETS DONE THIS WAY.

6

7    **C.E.O. FUJIOKA:** AND SO WHAT I HEARD THE SUPERVISOR SAY IS THAT  
8    WE HAVE THE ABILITY TO COME BACK WITH A REVISED PLAN, AS LONG  
9    AS WE STAY WITHIN THAT 12-MONTH FRAME. I JUST HAD A CONCERN  
10   ABOUT THE THREE MONTHS FOR EACH STEP.

11

12   **SUP. YAROSLAVSKY, CHAIRMAN:** BUT THE THREE MONTHS IS STILL IN  
13   THERE.

14

15   **SUP. MOLINA:** I UNDERSTAND. BUT I'M TELLING HIM THAT I WOULD  
16   CHANGE-- TOMORROW, I COULD CHANGE THAT.

17

18   **SUP. YAROSLAVSKY, CHAIRMAN:** WHY DON'T YOU WORK ON A  
19   MODIFICATION FOR TOMORROW SO THAT WE CAN CLEAN IT UP AND THEN  
20   WE'LL DO IT RIGHT. OKAY. THAT'S FINE. THAT'S FINE. I'LL LEAVE  
21   IT TO YOU AND BILL.

22

23   **SUP. BURKE:** COULD YOU LET US KNOW?

24

25   **SUP. MOLINA:** AND WE ARE GOING TO RELEASE THE REPORT TODAY?



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1

2 **SUP. YAROSLAVSKY, CHAIRMAN:** BECAUSE THESE THINGS TEND TO GET A  
3 LIFE OF THEIR OWN, AS YOU KNOW.

4

5 **SUP. BURKE:** AND, YOU KNOW, I'D LIKE TO KNOW WHAT YOU AGREE ON  
6 IN TERMS OF THE TIMEFRAME. IF YOU COULD LET US KNOW. WHEN YOU  
7 WORK IT OUT, I'D LIKE TO GET SOME IDEA.

8

9 **C.E.O. FUJIOKA:** TOMORROW, WE'LL HAVE THAT DISCUSSION.

10

11 **SUP. YAROSLAVSKY, CHAIRMAN:** ALL RIGHT. IS THERE ANY OTHER  
12 BUSINESS BEFORE THE BOARD? I THINK THAT'S IT. WE ARE  
13 ADJOURNED.

14

15

16

17

18

19

20

21

22

23

24

25



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1 I, JENNIFER A. HINES, Certified Shorthand Reporter  
2 Number 6029/RPR/CRR qualified in and for the State of  
3 California, do hereby certify:

4 That the transcripts of proceedings recorded by the  
5 Los Angeles County Board of Supervisors August 13, 2007,  
6 were thereafter transcribed into typewriting under my  
7 direction and supervision;

8 That the transcript of recorded proceedings as  
9 archived in the office of the reporter and which  
10 have been provided to the Los Angeles County Board of  
11 Supervisors as certified by me.

12 I further certify that I am neither counsel for, nor  
13 related to any party to the said action; nor  
14 in anywise interested in the outcome thereof.

15 IN WITNESS WHEREOF, I have hereunto set my hand this  
16 30th day of August 2007 for the County records to be used only  
17 for authentication purposes of duly certified transcripts  
18 as on file of the office of the reporter.

19

20 JENNIFER A. HINES

21 CSR No. 6029/RPR/CRR

22

23